# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044782
STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 91

FILED DEC 11 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osage Township — Length of stay in 1b: 3 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4 M. N.E. Sunrise Beach — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Morgan
c. CITY OR TOWN: Sunrise Beach — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 4 Mile N. E. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Howard Middle: W. Last: Scott

4. DATE OF DEATH: Month: Dec. Day: 8 Year: 1963

5. SEX: Male
6. COLOR OR RACE: Cau.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-24-95
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Agent
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (City and state or country): Putman Co., Ind.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Lew Scott
13b. MOTHER'S MAIDEN NAME: Luella Corey
14. NAME OF HUSBAND OR WIFE: Gertrude Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.:
17. INFORMANT: Gertrude Scott Address: Sunrise Beach, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Adenocarcinoma of Colon, metastatic — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 25 1963 to 12.8.63 and last saw him alive on 12-5-63
Death occurred at 7 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Jack Gunn MD
22b. ADDRESS: Versailles, Mo
22c. DATE SIGNED: 12.8.63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9 Dec. 63
23c. NAME OF CEMETERY OR CREMATORY: Washington Park Cem.
23d. LOCATION (City, town, or county) (State): Indianapolis, Ind.

24. FUNERAL DIRECTOR: Hidwell Funeral Home ADDRESS: Versailles, Mo.
25. DATE RECD. BY LOCAL REG.: 12-9-63
26. REGISTRAR'S SIGNATURE: J. L. Hoak

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | 0710 | | |
| 2 | 1710 | | |
| 3 | | | |
| 4 | 0 | | |
| 5 | 1 | | |
| 6 | | | |
| 7 | 1 | | |
| 8 | 2 | | |
| 9 | 1538 | | |
| 10 | | | |
| 11 | | | |
| 12 | 40-0 | | |
| 13 | 2-0 | | |

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

DEC 13 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Raymond C. Storber

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.