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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 18 1948

Registration District No. 274

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27257

Primary Registration District No. 3052

Registrar's No. 242

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 207½ So. Ohio (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia (If outside city or town limits, write "RURAL") 6
(d) Street No. 207½ So. Ohio St. (If rural, give location) 4
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Stephen A. Douglass Scott
3. (b) If veteran, name war ✓
3. (c) Social Security No. .....

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethel
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased March (Month) 7 (Day) 1900 (Year)

8. AGE: Years 48 Months 5 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace La Monte (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Cook
11. Industry or business .....

FATHER
12. Name Edward D. Scott
13. Birthplace La Monte (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Minnie Fluty
15. Birthplace Pettis Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Ethel Scott
(b) Address 207½ So. Ohio Sedalia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo.
19. (a) 8-11-48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 9 year 1948 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from Aug 9 1948 to Aug 9 1948 that I last saw him alive on Aug 9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular fibrillation
Due to Tacycardia, acute paroxysmal
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations .....
Of autopsy None

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Chas Gordon Hauffman (M. D. ~~or other~~) MD
Address Sedalia Mo. Date signed 8-10-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 8-17-48

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..... Registered Apprentice No..... working under my personal supervision.

Signed K P McCrary

Licensed Embalmer No. 2153

P. O. Address Sedalia 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 this body is not embalmed, fact should be so stated above.