

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38317

State File No.

BIRTH NO. REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6223 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Union</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Verdon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mico (Rural) Verdon Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mico-Rural-Verdon Twp</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Rt. 1 - Mico</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mico-Rt. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Allen</u> c. (Last) <u>Scott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 28 1949</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. NEVER MARRIED: <u>11</u>	
8. DATE OF BIRTH <u>August 10-1898</u>		9. AGE (In years last birthday) <u>54</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Thomas Jefferson Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Madeline Siskin</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes WWI - 6-30-1917</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Gene Scott</u>	
				ADDRESS <u>Mico, Mo. Rt. 1</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Old rheumatic fever</u>				<u>2 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				<u>Not known</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 27, 1948, to Jan. 28, 1949, that I last saw the deceased alive on Jan. 8, 1949, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ruth Faith</u> (Degree or title)		23b. ADDRESS <u>Nevada, Missouri</u>		23c. DATE SIGNED <u>1/29/49</u>	
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24a. BURIAL (Specify)		24b. DATE <u>Jan 31-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Richards Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 2 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Serry Funeral Home</u>		ADDRESS <u>Nevada</u>	

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

RECEIVED

District Health Officer No. 7,

District File Number 1-49-44

Date Filed 2-7-49

FEB 8 1949

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 1760

P. O. Address Hewada MW

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.