S. No. 300
V. 10.48
62K

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9181

State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 57481 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Mine La Motte Township
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 mi. N.E. of Fredericktown

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Mine La Motte Township
d. STREET ADDRESS (If rural, give location): 5 mi. N.E. of Fredericktown

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Frances c. (Last) Scott

4. DATE OF DEATH (Month) March (Day) 5 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: April 16, 1863
9. AGE (In years last birthday): 75 — If under 1 year: Months 10, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scott County Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward T. Abbey
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Henry Scott (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: O. F. Scott — ADDRESS: Mine La Motte, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio Sclerosis — 4 or 5 yrs
DUE TO (c) 4 500

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Nuritis — 3 or 4 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2/22, 1949, *to* 3/5, 1949, *that I last saw the deceased alive on* 3/4, 1949, *and that death occurred at* 4:20 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry Barron M.D.
23b. ADDRESS: Fredericktown Mo
23c. DATE SIGNED: 3/8/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/7/1949
24c. NAME OF CEMETERY OR CREMATORY: Mine La Motte Cemetery
24d. LOCATION (City, town, or county) (State): Madison County Missouri

DATE REC'D BY LOCAL REG.: 3-9-1949
REGISTRAR'S SIGNATURE: Florence Wilkes 187
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Webb-Adamson - Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Health Officer No. 4
File Number 349-372
Date Filed 3-18-49

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.

Signed Edward G. Lehmann Jr

Signed .....
Student Embalmer

Licensed Embalmer No. 4567

P. O. Address Fredericktown,

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.