

FILED MAY 11 1949 STANDARD CERTIFICATE OF DEATH

State File No. **11391**

Registrar's No. **132**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Adair</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Putnam</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkville</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL</b>  |  |
| c. LENGTH OF STAY (In this place) <b>3 1/2 Months</b>   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Community Nursing Home</b>                         |  | d. STREET ADDRESS (If rural, give location) <b>Unionville</b>  |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Isabelle</b> b. (Middle) <b>Adams</b> c. (Last) <b>Scott</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>MAY-3-1949</b> |  |  |
|---|--|--|---|--|--|

|                      |                               |   |                                      |   |                     |                    |                    |                    |
|----------------------|-------------------------------|---|--------------------------------------|---|---------------------|--------------------|--------------------|--------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married widowed</b> | 8. DATE OF BIRTH <b>Nov. 9, 1861</b> | 9. AGE (In years last birthday) <b>87</b> | 10. MONTHS <b>5</b> | 11. DAYS <b>24</b> | 12. HOURS <b>1</b> | 13. MIN. <b>24</b> |
|----------------------|-------------------------------|---|--------------------------------------|---|---------------------|--------------------|--------------------|--------------------|

|  |  |   |  |
|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Household</b> | 11. BIRTHPLACE (State or foreign country) <b>Iowa</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|--|---|--|

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|--|--|--|
| 13a. FATHER'S NAME <b>Samuel Adams</b> | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Julius A. Scott</b> |
|--|--|--|

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>No</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. R.T. Shaw</b> | 18. ADDRESS <b>728 S. 4th St. Cheekville, Mo.</b> |
|---|-----------------------------------|---|---|

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|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c).<br><br><i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sepsis and malnutrition</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week</b><br><b>4 mo</b><br><b>9 1/2 years</b> |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Burn on upper arm</b> |  |  |
|  | DUE TO (c) <b>senile psychosis due to generalized arteriosclerosis</b>  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |  |
|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>same</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Putnam Mo. 86</b> |
|--|--|--|

|  |   |  |
|--|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 1948 m.</b> | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>Lamp started blaze on fire</b> |
|--|---|--|

22. I hereby certify that I attended the deceased from **Jan 25, 1949**, to **May 3, 1949**, that I last saw the deceased alive on **May 3, 1949**, and that death occurred at **10:34 a.m.**, from the causes and on the date stated above.

|   |                                    |                                |
|---|------------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <b>M.T. Gutersohn D.O.</b> | 23b. ADDRESS <b>Kirkville, Mo.</b> | 23c. DATE SIGNED <b>5-3-49</b> |
|---|------------------------------------|--------------------------------|

|   |                         |   |  |
|---|-------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>5/6/49</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Unionville Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Unionville Missouri</b> |
|---|-------------------------|---|--|

|  |   |  |  |
|--|---|--|--|
| DATE REC'D BY LOCAL REG. <b>5-3-49</b> | REGISTRAR'S SIGNATURE <b>Kate Lambert</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Comstock</b> | ADDRESS <b>FUNERAL HOME, Unionville, Mo.</b> |
|--|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

No. 300 10.48 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer

District File Number 549

Date Filed MAY 1 0 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.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

*James W Comstock*

Licensed Embalmer No. 4197

P. O. Address Unionville, Me

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.