

FILED SEP 1 1949 STANDARD CERTIFICATE OF DEATH

State File No. 26480

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <b>434 Veters Lane</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Emmanuel Scott</b>			4. DATE OF DEATH <b>Aug. 23, 1949</b>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 29, 1887</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>11</b>	IF UNDER 24 HRS. Days <b>24</b>
--------------------	-------------------------------	---	---------------------------------------	---	----------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe worker</b>	10b. KIND OF BUSINESS* OR INDUSTRY <b>Tweedie So.</b>	11. BIRTHPLACE (State or foreign country) <b>Cole Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	--	---

13a. FATHER'S NAME <b>John Scott</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Scrivner</b>	14. NAME OF HUSBAND OR WIFE <b>Ella Jane Scott</b>
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>490-09-6141</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ella Jane Scott</b>	ADDRESS <b>Jefferson City? Mo.</b>
---	--	--	------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		DUE TO (b) _____		<b>9 days</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				<b>332X</b>

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

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) _____	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 **Aug 14, 19 49** to **Aug 23, 19 49** that I last saw the deceased alive on **Aug 22, 19 49**, and that death occurred at **10:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Francis D. Morris M.D.</b> (Degree or title)	23b. ADDRESS <b>Jefferson City, Mo.</b>	23c. DATE SIGNED <b>8/24/49</b>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-26-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <b>Aug 24-1949</b>	REGISTRAR'S SIGNATURE <b>R.P. Morris MD-NR.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Victor Kuescher</b>	ADDRESS <b>Jefferson City, Mo.</b>
---	---	---	------------------------------------

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

No. 300  
10.48

District Health Officer No. 9,  
District File Number  
AUG 29 1919  
RECEIVED

SEP 11 1919  
ST. LOUIS

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. 315

working under my personal supervision.

Student Bill Dranson  
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.