

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34763

State File No. _____
Registrar's No. 236

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 236			
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		78			
d. FULL NAME OF HOSPITAL OR INSTITUTION 819 So 4th St				d. STREET ADDRESS (If rural, give location) 819 So 4th St.					
3. NAME OF DECEASED (Type or Print) a. (First) Porter b. (Middle) Bliss c. (Last) Scott			4. DATE OF DEATH (Month) (Day) (Year) Oct 26 1949						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 27 1877			
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 5 Days 29		IF UNDER 24 HRS. Hour Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd. Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo			
12. CITIZEN OF WHAT COUNTRY? U.S.A				13a. FATHER'S NAME Charles Scott		13b. MOTHER'S MAIDEN NAME None			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Webster Scott ADDRESS Moberly, 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) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Instant	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201			
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) (Min.)		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 Oct 20 , 19 49 , to Oct 26 , 19 49 , that I last saw the deceased alive on 10-26 , 19 49 , and that death occurred at 6:00 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE A. C. Gubfatha MD (Degree or title)				23b. ADDRESS Moberly Mo		23c. DATE SIGNED 10-26-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 28 1949		24c. NAME OF CEMETERY OR CREMATORY Salem		24d. LOCATION (City, town, or county) (State) Trenton Mo			
DATE REC'D BY LOCAL REG. 10/28/49		REGISTRAR'S SIGNATURE Paul K. ...		FUNERAL DIRECTOR'S SIGNATURE Malcolm and Son, Moberly Mo		ADDRESS			

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

RECEIVED OCT 3 1 1949
District Health Officer No. 1
District File Number 10-49-18
Date Filed OCT 3 1 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 Embalmer No.....

Signed.....
Student Embalmer

Signed Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.