

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 4640

FILED MAR 2 1950

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>5486</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Dallas Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Dallas Twp</u>		04/10	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>1 Mile south of Martinsvi</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Atha</u>			b. (Middle) <u>Evelyn</u>		c. (Last) <u>Scott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 20 - 50</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-22-1886</u>		9. AGE (In years last birthday) <u>64</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>28</u>	11. UNDER 24 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison County, Missouri, U.S.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>David England</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Holmes</u>		14. NAME OF HUSBAND OR WIFE <u>John Scott</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Scott, Martinsville, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>
				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. <u>Portal obstruction</u>			<u>12 7 2</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min) (Sec)		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 <u>1931</u> 19____, to <u>Feb 20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 18</u> , 19 <u>50</u> and that death occurred at <u>11 AM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. Reid J. D.O.</u> (Degree or title)				23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>2-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-22-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kddwell Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Martinsville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-23-50</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Haas</u> ADDRESS <u>Bethany Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



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 *W. B. H. H. H.*

Signed.....

Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany 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.