

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23979**

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5684 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eversonville Clay Twp</u>		c. LENGTH OF STAY (in this place) <u>3 years</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eversonville Clay Twp</u>		d. STREET ADDRESS (If rural, give location) <u>0580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Miherva</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>Scott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 7 1860</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>6</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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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>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Decatur Co. Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harvey Cheaper Stewart</u>	13b. MOTHER'S MAIDEN NAME <u>Maryth Evans</u>	14. NAME OF HUSBAND OR WIFE <u>James Richard Scott</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John W Scott Ottumwa Ia.</u>	ADDRESS <u></u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4343</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Semip condition</u>		
	DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS 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 checked="" type="checkbox"/>
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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 Jan 1928, to July 12, 1950, that I last saw the deceased alive on July 12, 1950, and that death occurred at 12:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Bryan</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Wheeling, Mo</u>	23c. DATE SIGNED <u>7-13-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/15/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wheeling Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 14 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs Ruidie Kelley</u>	165	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u>	ADDRESS <u>Funeral Home Laredo Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0580
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RECEIVED

JUL 17 1950

District Health Officer No. 10

District File Number 7-50-1164

Filed JUL 27 1950

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.

Student
Student Embalmer

Signed *John M Robertson* _____

Licensed Embalmer No. *4388* _____

P. O. Address *Laredo 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.

12:45 AM.