.S. No. 300
EV. 10-48

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

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32822

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 2008 Registrar's No. 347

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 402 S.W. 9th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton 0142
d. STREET ADDRESS (If rural, give location): 402 S.W. 9th

3. NAME OF DECEASED (Type or Print)
a. (First): Morris
b. (Middle):
c. (Last): Scott

4. DATE OF DEATH (Month) (Day) (Year): Oct 15 1950

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 1860
9. AGE (In years last birthday): 82 — If under 1 year: Months 1, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work most of working life even if retired): Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY: D.K.
11. BIRTHPLACE (State or foreign country): Callaway County Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Frank Scott
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Nora
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 14-989
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Maude Hunter
ADDRESS: Auxvasse 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) Hypostatic Pneumonia — Interval between onset and death: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemiplegia, left — 3 days
DUE TO (c) Gen. Arteriosclerosis with hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
447X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/14, 1950, *to* 10/15, 1950, *that I last saw the deceased alive on* 10/14, 1950, *and that death occurred at* 6:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George F. Wood MD
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: 10/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 18-1950
24c. NAME OF CEMETERY OR CREMATORY: South Side Cem
24d. LOCATION (City, town, or county) (State): Fulton Mo.

DATE REC'D BY LOCAL REG.: Oct. 18-1950
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE: Eli Bell
ADDRESS: Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 23 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, 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.