

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41318**

BIRTH NO. _____ REG. DIST. NO. **169** PRIMARY REG. DIST. NO. **4258** Registrar's No. **69**

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

| | | | |
|--|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY KNOX | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY KNOX | |
| b. CITY (If outside corporate limits, write RURAL and give town) EDINA - MO | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION GIBSON HOSPITAL | | c. CITY (If outside corporate limits, write RURAL and give township) RURAL - LYON | |
| 3. NAME OF DECEASED (Type or Print) a. (First) FLETCHER b. (Middle) JACK c. (Last) SCOTT | | 4. DATE OF DEATH (Month) (Day) (Year) DEC. 14, 1950 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH SEPT. 9, 1890 |
| 9. AGE (In years last birthday) 60 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | 10b. KIND OF BUSINESS OR INDUSTRY FARMING |
| 11. BIRTHPLACE (State or foreign country) CHINTON CO. INDIANA | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME FLETCHER SCOTT | | 13b. MOTHER'S MAIDEN NAME PERMELIA MERRIL | |
| 14. NAME OF HUSBAND OR WIFE DESSIE SMALLWOOD | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS CECIL SCOTT - OVERLAND 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) Death of organ function of the person subject of death. 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. | |
| 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.) | | 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. 25, 1950 , to Dec. 14, 1950 , that I last saw the deceased alive on Nov. 14, 1950 , and that death occurred at 6:00 p.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Wm. W. Kelpner | | 23b. ADDRESS V. O. 2 Edina, Mo. | |
| 23c. DATE SIGNED Nov 14, 1950 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | |
| 24b. DATE DEC. 13, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY PAUL TOWN | |
| 24d. LOCATION (City, town, or county) (State) BRASHEAR MO | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. Blaschke Overland Mo | |
| DATE REC'D BY LOCAL REG. Dec-19-1950 | | REGISTRAR'S SIGNATURE Neil S. Hunt | |

Date Received: DEC 27 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50
Date Filed: JAN 3 1951

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 Geo B. Enslin, Jr.

Licensed Embalmer No. 3753

P. O. Address Hurdland, 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.