

FILED MAY 7 1951

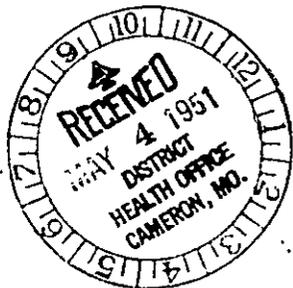
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11863

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>55</u>	PRIMARY REG. DIST. NO. <u>300</u>	Registrar's No. <u>49</u>
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton 0121</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bales Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>401 N. Folger</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES ARCH</u>		b. (Middle)	c. (Last) <u>SCOTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 28 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 3 1878</u>	9. AGE (In years last birthday) <u>73</u> # UNDER 1 YEAR Months Days # UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Carrollton Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles A. Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Winfrey</u>
14. NAME OF HUSBAND OR WIFE <u>Ida Campbell 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.
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arch Scott</u>		18. ADDRESS <u>Carrollton 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis.</u> DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>10 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>April 23, 1951</u> , to <u>April 28, 1951</u> , that I last saw the deceased alive on <u>April 28, 1951</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Cleopatra J. Salovey</u>		23b. ADDRESS <u>Carrollton Mo.</u>		23c. DATE SIGNED <u>5-1-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 30 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>		24e. DATE REC'D BY LOCAL REG. <u>5/2/51</u>		24f. REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>
24g. REGISTRAR'S SIGNATURE <u>45</u>		24h. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Wilson</u>		24i. ADDRESS <u>Carrollton Mo.</u>

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



MAY 7 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 *Ben W. Gibson*.....

Licensed Embalmer No. *2961*.....

P. O. Address *Carrollton, 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.