

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33345**
Registrar's No. **544**

FILED NOV 14 1951

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023**

0422
0

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY HENRY	
b. CITY OR TOWN CLinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLinton mo 0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION CLinton GEN Hosp		d. STREET ADDRESS (If rural, give location) RR # 6	

3. NAME OF DECEASED (Type or Print) a. (First) MAUDE b. (Middle) X c. (Last) Scott			4. DATE OF DEATH (Month) (Day) (Year) Nov 1 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 6/21/1874		9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	
11. BIRTHPLACE (State or foreign country) ROSEHILL Ky		12. CITIZEN OF WHAT COUNTRY? USA		13. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME John Ronta		13b. MOTHER'S MAIDEN NAME Francis		14. NAME OF HUSBAND OR WIFE J.M. Scott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 0 (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 0		17. INFORMANT'S SIGNATURE OR NAME W.E. Scott ADDRESS Clinton 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) MYOCARDITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 24 HR
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 4222		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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) 6 m.		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 _____, 1945, to **Nov**, 1951, that I last saw the deceased alive on **1 Nov**, 1951, and that death occurred at **6** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, MD		23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 3 Nov. 1951	
24a. BURIAL/CREMATION REMOVAL (Specify) Burial		24b. DATE 11/4/51		24c. NAME OF CEMETERY OR CREMATORY Emmanuel Cem	
24d. LOCATION (City, town, or county) (State) CLinton mo		25. FUNERAL DIRECTOR'S SIGNATURE J.E. Consalus		ADDRESS Clinton Mo	
DATE REC'D BY LOCAL REG. NOV-4-51		REGISTRAR'S SIGNATURE Florence Adair			

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

RECEIVED NOV 15 1982

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed _____

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 *J E Conzole* _____

Licensed Embalmer No. *1891* _____

P. O. Address *Clinton, 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.