

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36050

State File No.

DECEASED 30 1951

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
c. LENGTH OF STAY (in this place) <u>3Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>525 East Gordon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>525 East Gord on St.</u>		525 East Gordon	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Walter</u>	b. (Middle) <u>Wayne</u>	c. (Last) <u>Scott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 23-1951</u>
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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>Aug. 23-1919</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 2 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>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Work</u>	11. BIRTHPLACE (State or foreign country) <u>Terra Haute-Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Parish Scott</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sylvia Scott, Marshall, Missouri</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 21, 1951, to Oct 23, 1951, that I last saw the deceased alive on Oct 23, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Sydney J Gray</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Marshall Mo</u>	23c. DATE SIGNED <u>10-23-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10/26/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malta Bend Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Malta Bend Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 25-1951</u>	REGISTRAR'S SIGNATURE <u>Sydney J Gray</u> 385	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Healin</u> ADDRESS <u>Marshall Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0972

RECEIVED OCT 29 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 23 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 J. Leola Surrency

Licensed Embalmer No. 3235

P. O. Address Marshall, W. Va.

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.