

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36513**

DEC 8 - 1951

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 496

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN Poplar Bluff
c. LENGTH OF STAY (in this place) 1804
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Rural
d. STREET ADDRESS Lilbourn Mo. R1

3. NAME OF DECEASED
a. (First) Simon James b. (Middle) _____ c. (Last) Scott

4. DATE OF DEATH (Month) (Day) (Year)
Oct-30-1951

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 1903-9-2

9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J. G. Scott

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Blanche Scott

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. _____

17. INFORMANT'S SIGNATURE OR NAME Blanche Scott ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower nephron nephrosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) shock
rise to the above cause (a) stating the underlying cause last.
DUE TO (c) first second third degree burns
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. gentle frost

INTERVAL BETWEEN ONSET AND DEATH

E 9160
16

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Lilbourn - Dublin Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 30 1951 5:00 a.m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? lighting fire with gasoline

22. I hereby certify that I attended the deceased from 10-30-51, to 10-30-51, 1951, that I last saw the deceased alive on 10-30, 1951, and that death occurred at 4:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Johnson, M.D. (Degree or title)

23b. ADDRESS Poplar Bluff, Mo

23c. DATE SIGNED 11-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 11-1-51

24c. NAME OF CEMETERY OR CREMATORY Park Memorial 24d. LOCATION (City, town, or county) (State) Rt 6 of Malden Mo

DATE REC'D BY LOCAL REG. Nov 30 1951

REGISTRAR'S SIGNATURE Wm. H. Johnson 428

25. FUNERAL DIRECTOR'S SIGNATURE Thomas E. Knight ADDRESS Malden - Penna

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

4825
0170
074

RECEIVED

DEC 5 1951

BUTLER CO. HEALTH CENTER

FILE No. 1251-530

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Thomas C. Knight

Licensed Embalmer No. 2189

P. O. Address Malden MA

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.