

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4816

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR Rural, Kaolin		c. CITY (If outside corporate limits, write RURAL and give township) OR Rural, Kaolin	
d. FULL NAME OF HOSPITAL OR INSTITUTION 15 mi. west of Bellevue		d. STREET ADDRESS (If rural, give location) 15 mi. west of Bellevue	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) WILLIAM PASCHAL c. (Last) SCOTT	4. DATE OF DEATH (Month) (Day) (Year) Feb. 19 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 11 1898	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 8	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) black smith	10b. KIND OF BUSINESS OR INDUSTRY Pullman Co.	11. BIRTHPLACE (State or foreign country) Lincoln Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Rodger William Scott	13b. MOTHER'S MAIDEN NAME Minnie Bray	14. NAME OF HUSBAND OR WIFE Bessie Scott
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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) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Scott, Goodland Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year
	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) Hypertension 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 None	19b. MAJOR FINDINGS OF OPERATION None	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) Ironton (COUNTY) Iron (STATE) Missouri
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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 12-2, 1951, to 2-19, 1952, that I last saw the deceased alive on 2-19, 1952, and that death occurred at 3:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>James W. Logan</i>	23b. ADDRESS Ironton, Mo.	23c. DATE SIGNED 2-20-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-21-52	24c. NAME OF CEMETERY OR CREMATORY Hawk Point Cem.	24d. LOCATION (City, town, or county) (State) Hawk Point Missouri
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DATE REC'D BY LOCAL REG. Feb 23-1952	REGISTRAR'S SIGNATURE Mrs. Elizabeth Logan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

470

629

**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 Arnell J. White

Licensed Embalmer No. 3012

P. O. Address Sanitar, Miss.

**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.