

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5783

State File No.

FILED MAR 12 1952

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5781 Registrar's No. 352

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| 1. PLACE OF DEATH a. COUNTY <u>Miller</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brumley, Glaze Township</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brumley, Rural, Glaze Township</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>01101</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Minne</u> | b. (Middle) <u>Jane</u> | c. (Last) <u>Scott</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16 1952</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 8, 1870</u> | 9. AGE (In years last birthday) <u>81</u> | 10. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Thomas Scott</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Scott</u> | 14. NAME OF HUSBAND OR WIFE <u>Albert Turner 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>Mr. Albert Scott</u> | ADDRESS <u>Brumley, Mo.</u> |
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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 <u>5 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary embolism</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular</u> DUE TO (c) <u>renal disease</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>None</u> | 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) <u>no</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brumley, Miller, Mo.</u> |
| 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? |

22. I hereby certify that I attended the deceased from Dec 30, 1951, 1951, to Feb 16, 1952, and I last saw the deceased alive on Dec 30, 1951 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>C. R. Hawkins M.D.</u> (Degree or title) | 23b. ADDRESS <u>Brumley, Mo.</u> | 23c. DATE SIGNED <u>Feb 20 52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 18, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Glover Chapel</u> | 24d. LOCATION (City, town, or county) (State) <u>Brumley, Miller County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 24, 1952</u> | REGISTRAR'S SIGNATURE <u>Mrs. C. R. Hawkins</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Koger</u> | ADDRESS <u>Brumley, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Walter F. Hedges

Licensed Embalmer No. 4265

P. O. Address Theriac, 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.