

FILED MAY 2- 1952

STANDARD CERTIFICATE OF DEATH

13645

State File No.

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery City</u>	c. LENGTH OF STAY (In this place) <u>32 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kathryn</u>	b. (Middle) <u>Carroll</u>	c. (Last) <u>Scott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-26-52</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>1-27-1897</u>	9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Carrolton Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James M. Carroll</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Bishop</u>	14. NAME OF HUSBAND OR WIFE <u>Harry A. 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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H. A. Scott</u>	ADDRESS <u>Montgomery, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Hypertension</u>		<u>before 1-27-45</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-Vascular Disease</u> before <u>1-27-45</u> DUE TO (c) <u>Chronic Myocarditis</u> before <u>1-27-45</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thyroid carcinoma</u> before <u>1-27-45</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>fracture, also checked by Dr. H. W. Wise 2-9-45</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT? (Specify) <u>Chronic Myocarditis</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carrollton, Missouri, Montgomery</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>about 2 months</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>received treatment last illness</u>
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22. I hereby certify that I attended the deceased from 10-23, 1941, to 10-10, 1947, that I last saw the deceased alive on April 1, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. T. Andersen, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Montgomery City, Mo</u>	23c. DATE SIGNED <u>4/26/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>
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DATE REC'D BY LOCAL REG. <u>4/28/52</u>	REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u>	434-P	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hopkins</u>	ADDRESS <u>Montgomery City Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1952

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, ~~on~~ on the 26 th day of April 1952,

working under my personal supervision.

Student Embalmer No.....
C. W. Hopkins

Signed.....
C. W. Hopkins

Signed.....
Student Embalmer

Licensed Embalmer No..... I487

P. O. Address Montgomery City 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.