

No. 3007
10.48

71 MAY 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17587

BIRTH NO. _____ REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 4443 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) R.	c. (Last) Scott	4. DATE OF DEATH (Month) (Day) (Year) May 20 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 Dec. 30, 1906	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general laborer	10b. KIND OF BUSINESS OR INDUSTRY general laborer	11. BIRTHPLACE (State or foreign country) Hamden, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Jesse Scott	13b. MOTHER'S MAIDEN NAME Martha Hignite	14. NAME OF HUSBAND OR WIFE Gretna 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. 487-30-4426	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gretna Scott; Huntsville, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocution		INTERVAL BETWEEN ONSET AND DEATH Instantaneous
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Contact with 13,000 Volt line		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9148 10			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) W. Depot St.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Huntsville Randolph Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 20 1952 1 P. M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Any wire contacted high Erecting television Antenna voltage line.
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22. I hereby certify that I attended the deceased from **Family Physician**, **10 yrs**, **1952**, that I last saw the deceased alive on **May 19, 1952**, and that death occurred at **1 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. W. Dreyer M.D.	23b. ADDRESS Huntsville, Mo.	23c. DATE SIGNED 5/22/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-22-1952	24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	24d. LOCATION (City, town, or county) (State) Huntsville, Missouri
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DATE REC'D BY LOCAL REG. May-24-52	REGISTRAR'S SIGNATURE Mrs. L. A. Bernhart	25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton	ADDRESS Huntsville
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(Licensed Embalmer's Statement on Reverse Side)

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

880
3

8880

E9148
10

088

MD

JUL 11 1937

JUL 29 1937

JUL 1 1937

1937-18-1037

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 Tom B. Patton

Licensed Embalmer No. 914

P. O. Address Huntsville, N

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.