

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

276533

State File No. \_\_\_\_\_

FILED SEP 12 1952

BIRTH NO. _____		REG. DIST. NO. <u>103</u>		PRIMARY REG. DIST. NO. <u>5417</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Arbyrd, Mo.</u>		c. LENGTH OF STAY (In this place) <u>33 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Arbyrd, Mo. 350</u>		d. STREET ADDRESS (If rural, give location) <u>Rural #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural #1</u>				d. STREET ADDRESS (If rural, give location) <u>Rural #1</u>			
3. NAME OF DECEASED (Type or Print) <u>Zechariah</u>		a. (First) <u>Zechariah</u>		b. (Middle) <u>-</u>		c. (Last) <u>Scott</u>	
4. DATE OF DEATH <u>Aug 24, 52</u>		(Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 24-1868</u>		9. AGE (In years if under 1 year last birthday) <u>84</u>		10. MONTHS <u>8</u> DAYS <u>4</u> HOURS <u>-</u> MIN. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William J. Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
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>John Scott Arbyrd, Mo.</u> 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (COUNTY) (STATE) <u>002X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Jan 22</u> , 19 <u>52</u> , to <u>Aug 24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-21</u> , 19 <u>52</u> , and that death occurred at <u>8:50</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. W. Knight MD</u> (Degree or title)				23b. ADDRESS <u>Carroll, Mo.</u>		23c. DATE SIGNED <u>8-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		24b. DATE <u>8-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lulu Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Dunklin Mo. Rural</u>	
DATE REC'D BY LOCAL REG. <u>8-31-52</u>		REGISTRAR'S SIGNATURE <u>Bertha Kinschey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Len Service Kennett Mo.</u> ADDRESS _____			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD — 3350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-4-52

COUNTY FILE NUMBER 952-243

**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 Edgar Sue Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.