

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42686

State File No.

FILED DEC 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>4220</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>Hickory</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR: TOWN <u>Wheatland</u>		c. LENGTH OF STAY (In this place) <u>1 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermitage</u>		d. STREET ADDRESS (If rural, give location) <u>South of Hermitage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Wheatland</u>				d. STREET ADDRESS (If rural, give location) <u>South of Hermitage</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u> b. (Middle) _____ c. (Last) <u>Scott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 5-1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1868</u>	
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>7</u>		11. DAYS <u>8</u>		12. HOURS <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Marion Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Scott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Scott</u> ADDRESS <u>Hermitage, Mo</u>			
19. 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>J.T. of Lung</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
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) _____			
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>Dec 1952</u> to <u>Sept 1953</u> , that I last saw the deceased alive on <u>Sept 1953</u> , and that death occurred at <u>3 1/2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R.D. Melius, M.D.</u>				23b. ADDRESS <u>Hermitage, Mo</u>		23c. DATE SIGNED <u>12-23-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hermitage Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hermitage, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-23-1953</u>		REGISTRAR'S SIGNATURE <u>May Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gilbert Kellaway</u> ADDRESS <u>Wheatland, Mo</u>			

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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Shattuck, 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.