

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12756**

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4338</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Monroe</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>			
b. CITY OR TOWN <u>Monroe City</u>				c. CITY OR TOWN <u>Monroe City</u> <u>0690</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR ST. JUDE CEMETERY</u>				d. STREET ADDRESS (If rural, give location) <u>NEAR ST. JUDE CEMETERY</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>OLIVER</u>		b. (Middle) <u>VINUARD</u>		c. (Last) <u>SCOTT</u>	
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>10</u>		(Year) <u>1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>4/9/1876</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>1</u>		IF UNDER 2 WEEKS Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>SAM SCOTT</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE TREE</u>		14. NAME OF HUSBAND OR WIFE <u></u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alice Fulton</u> ADDRESS <u>Monroe City Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>URAEMLIA</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTROPHY of PROSTATE</u>				<u>5 DAYS</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u></u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>2/12/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>HYPERTROPHY of PROSTATE</u>				20. AUTOPSY? <u>610X</u> 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)		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>2/12</u> , 19 <u>54</u> , to <u>4-10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>April 1</u> , 19 <u>54</u> , and that death occurred at _____ m., from the cause and on the date stated above.							
23a. SIGNATURE <u>John H. Hobbs M.D.</u>				23b. ADDRESS <u>Monroe City, Mo.</u>		23c. DATE SIGNED <u>4/12/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/13/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JUDES CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-14-54</u>		REGISTRAR'S SIGNATURE <u>Edna Robertson</u> <u>4710</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Garman</u> ADDRESS <u>Monroe City</u>			

(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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Harold J. Garner

Licensed Embalmer No. 3720

P. O. Address. Mouse City 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.