

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28500

State File No. ....

BIRTH NO. --- REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sedalia</u> )		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>500 East 16th., St.</u>		e. STREET ADDRESS (If rural, give location) <u>500 East 16th., St.</u> <u>08070</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLOID</u>		b. (Middle) <u>T.</u>		c. (Last) <u>SCOTT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 16, 1954</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>Sept. 16, 1907</u>		9. AGE (In years last birthday) <u>46</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Etta Beaman</u>	
14. NAME OF HUSBAND OR WIFE <u>Gladys Shoemaker Scott</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>WW 2</u>		16. SOCIAL SECURITY NO. <u>702-16-0519</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gladys Scott, Sedalia, Mo.</u>		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) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		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 <u>4201</u>		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)		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 viewed the body of the deceased, as Deputy Coroner of Pettis County, Mo., on <u>8-19-54</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J.M. Rodeman, M.D. Deputy Coroner</u>		23b. ADDRESS <u>219 1/2 S. Ohio - Sedalia, Mo.</u>		23c. DATE SIGNED <u>8-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/19/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pettis County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lorna Coontz</u>		ADDRESS <u>Deputy Clerk Sedalia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-19-54</u>		REGISTRAR'S SIGNATURE <u>251 -</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

GIBBS' GENERAL HOME

AUG 2  
AUG 3  
AUG 4

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.....  
Signature of Student Embalmer

Signed *Russell C. Maag*

Licensed Embalmer No. *4809*

P. O. Address *Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.