

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5534

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>4309</u>		Registrar's No. <u>20</u>							
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>McDonald</u>					
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Southwest City</u>		c. LENGTH OF STAY (In this place) <u>3 1/2 yrs</u>		c. CITY OR TOWN <u>Southwest City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				STREET ADDRESS (If rural, give location) <u>City 0600</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) <u>-</u>		c. (Last) <u>Scott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-55</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 1, 1865</u>		9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright County Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>William Newton</u>			13b. MOTHER'S MAIDEN NAME <u>Rippie</u>			14. NAME OF HUSBAND OR WIFE <u>Rufus Scott</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arthur Cooksey</u>			ADDRESS <u>Southwest City Mo.</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Myocardial decompensation</u>  ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>  <u>1 year</u>						19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.) _____			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.</u> , 19 <u>49</u> , to <u>2-10-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-10-55</u> , 19 <u>55</u> , and that death occurred at <u>2:50</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>D. Fountain</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Noel, Missouri</u>				23c. DATE SIGNED <u>2-25-55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Southwest City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Southwest City Mo.</u>							
DATE REC'D BY LOCAL REG. <u>2-26-55</u>		REGISTRAR'S SIGNATURE <u>Maureen Humphrey</u>				423		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. Humphrey Jr.</u> ADDRESS <u>Noel 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.....  
Signature of Student Embalmer

Signed *Mayme E. Humphreys*

Licensed Embalmer No. *426*

P. O. Address *Pineville*

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.