

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11007  
Registrar's No. 4

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 4045

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ashland, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ashland</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ashland, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Owen</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Scott</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>18</u> (Year) <u>55</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>January 24 1879</u>
9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>24</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Joseph Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Carrie Thomas</u>	14. NAME OF HUSBAND OR WIFE	
--	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-163789</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Scott Ballwin</u> ADDRESS <u>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>Arteriosclerotic Heart Dis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	ANTECEDENT CAUSES Morbidity 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	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 attended the deceased from 4/26, 1955, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry H. Sweet, Jr. MD</u> (Degree or title)	23b. ADDRESS <u>Columbia, Mo</u>	23c. DATE SIGNED <u>4/20/55</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 22 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Ashland Mo</u>
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>April 22, 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs Mildred Burnett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Burnett</u> ADDRESS <u>Ashland Mo</u>
--	--	---

JUL 27 1956

JUL 30 1956

MAY 2

1955

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 *W. M. C. Burnett*

Licensed Embalmer No. *3564*

P. O. Address *Cashland ms*

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.