

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11669

|   |                               |  |  |  |  |  |  |
|---|-------------------------------|--|--|--|--|--|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <u>137</u>  |  | PRIMARY REG. DIST. NO. <u>3023</u>   |  | Registrar's No. <u>62</u>  |  |
| 1. PLACE OF DEATH<br>a. CITY <u>Henry</u>   |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> St. <u>Clair</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>   |                               | c. LENGTH OF STAY (In this place) <u>1 week</u>  |  | c. CITY OR TOWN <u>Rural-Osceola</u>   |  | d. In 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>Clinton General Hospital</u>   |                               |  |  | e. STREET ADDRESS (If rural, give location) <u>North Jackson Township</u> <u>0930</u> / <u>1</u>                                   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Robert</u>   |                               |  | b. (Middle) <u>Lee</u>                               |  | c. (Last) <u>Scott</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 7, 1955</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>Dec; 11, 1882</u>                |  | 9. AGE (In years last birthday) <u>72</u>                                | IF UNDER 1 YEAR Months _____ Days _____  | IF UNDER 10 HRS. Hours _____ Min. _____                  |
| 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 _____  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Benton County Missouri</u> <u>0</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>William Scott</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Temperance Wisdom</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Lydia Scott</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |                               | 16. SOCIAL SECURITY NO. <u>None</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Erban Scott, Osceola Missouri</u>   |  |  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  |                               | MEDICAL CERTIFICATION  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>   |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  |  |  |  | 6-7 yrs  |  |
|   |                               | ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>   |  |  |  |  |  |
|   |                               | 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) <u>1201</u>  |  |  |  |
| 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>May 4</u> , 19 <u>55</u> , to <u>May 7</u> ; 19 <u>55</u> that I last saw the deceased alive on <u>May 7</u> 19 <u>55</u> , and that death occurred at <u>11:15 PM.</u> , from the causes and on the date stated above. |                               |  |  |  |  |  |  |
| 23a. SIGNATURE _____ (Name and title)   |                               |  |  | 23b. ADDRESS <u>106 S. Third Clinton, Mo.</u>  |  | 23c. DATE SIGNED <u>5/9/55</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                               | 24b. DATE <u>5-9-54</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Smith Bend</u> |  | 24d. LOCATION (City, town, or county) (State) <u>St. Clair County Mo</u> |  |  |
| DATE REC'D BY LOCAL REG. <u>5-9-55</u>  |                               | REGISTRAR'S SIGNATURE <u>Florence Adavi</u> <u>422</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Jones Home Osceola</u>   |  | ADDRESS _____  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *J.B. Goodrich*

Licensed Embalmer No. *7038*

P. O. Address *Ascece*

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.