

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2347

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6-964 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <i>Platte</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Platte</i>	
b. CITY OR TOWN <i>Rural - Pettis</i>	c. LENGTH OF STAY (in this place) <i>34 yrs</i>	c. CITY OR TOWN <i>Parkville</i>	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 <i>RFD 5 Bx 58</i>		e. STREET ADDRESS (If rural, give location) <i>RFD 5 Bx 58</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Lebert</i> b. (Middle) <i>Henry</i> c. (Last) <i>Scott</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 9 - 1956</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept 18 - 1886</i>	9. AGE (In years last birthday) <i>69</i>	IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>field store owner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Stock Feed</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Russell, Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>

13a. FATHER'S NAME <i>John Henry Scott</i>	13b. MOTHER'S MAIDEN NAME <i>Lutacia McKinley</i>	14. NAME OF HUSBAND OR WIFE <i>Ida Mae Scott</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <i>No</i>	16. SOCIAL SECURITY NO. (If yes, give date of service) <i>422-38-4672</i>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>John J. Scott, RFD 5 Bx 59 - Parkville, Mo</i>

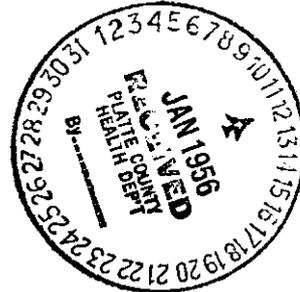
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary sclerosis</i> <i>5 yrs</i>		
	DUE TO (c) <i>Generalized arteriosclerosis</i> <i>5 yrs</i>		
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 <i>4201</i>	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) (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 *1-9*, 1956, to *1-9*, 1956, that I last saw the deceased alive ~~on 1-9-56~~ and that death occurred at *8 a* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>H.C. Thurman M.D.</i>	23b. ADDRESS <i>11 East 1st, Parkville Mo.</i>	23c. DATE SIGNED <i>1-10-56</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan 12 1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>East Slope Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>Parkville Mo</i>	DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <i>257</i> FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Ida Mae Scott, Parkville Mo</i>	

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, ~~\_\_\_\_\_~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Leland G. Francis*.....

Licensed Embalmer No. *345*

P. O. Address *Parkville*.....

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.