

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9724

FILED APR 16 1956

State File No.

BIRTH NO.		REG. DIST. NO. <u>385</u>		PRIMARY REG. DIST. NO. <u>3039</u>		Registrar's No. <u>129</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>LINN</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>MARCELINE</u>		a. STATE <u>MO.</u>		b. COUNTY <u>LINN</u>	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>MARCELINE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>226 W. Howell</u>				STREET ADDRESS (If rural, give location) <u>226 W. Howell</u> 05870			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FRANK</u>		b. (Middle) <u>SCOTT</u>		c. (Last) <u>SCOTT</u>	
4. DATE OF DEATH		a. (Month) <u>3</u>		b. (Day) <u>26</u>		c. (Year) <u>1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>DEC 13 1874</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John F. Scott</u>		13b. MOTHER'S MAIDEN NAME <u>ALMA JANE BAILEY</u>		14. NAME OF HUSBAND OR WIFE <u>ALLIE E. SCOTT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John F. Scott</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		DUE TO (c) <u>Hypertension</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Decompensation</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4 200</u>				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>1954</u> to <u>3-26</u> , 1956, that I last saw the deceased alive on <u>3-26, 1956</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Frank W. Smith M.D.</u>				23b. ADDRESS <u>MARCELINE MO</u>		23c. DATE SIGNED <u>3-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-28-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>MARCELINE MO</u>	
DATE REC'D BY LOCAL REG. <u>3-28-56</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Ridgway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller-Tillotson</u>		ADDRESS <u>MARCELINE MO</u>	

(Licensed Embalmer) Statement on Reverse Side

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

APR 10 1950

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 *Lilburn K. Tullate*

Licensed Embalmer No. *450*

P. O. Address *Marceline*

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.