

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11991**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY OR TOWN <b>Marshall</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>9 days</b>		e. STREET ADDRESS (If rural, give location) <b>676 West Boyd</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Melvin</b> c. (Last) <b>Scott</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 14, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 27, 1887</b>	9. AGE (In years last birthday) <b>69</b>	10. IF UNDER 1 YEAR Months <b>0</b> Days <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Truck Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Marshall, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Charles K. Scott</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Mae McMahan</b>		14. NAME OF HUSBAND OR WIFE <b>Lucy Ann Moorehead</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>491-07-7752</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. nLucy Ann Scott Marshall, Mo.</b>	

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) <b>cerebrovascular accident.</b>		DUE TO (b) <b>arteriosclerosis.</b>			<b>10 days</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Diabetes Mellitus</b>			<b>known 1 week</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331x</b>		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) 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 **4 March 1956**, to **14 March 1956**, that I last saw the deceased alive on **14 March 1956** and that death occurred at **10<sup>00</sup>** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Carl H. Reed M.D.</b> (Degree or title)		23b. ADDRESS <b>Marshall, Mo.</b>		23c. DATE SIGNED <b>3-15-56</b>	
24a. BURIAL OR CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 16, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b>		ADDRESS <b>MARSHALL, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-16-56</b>		REGISTRAR'S SIGNATURE <b>Carl H. Reed, Deputy</b>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING 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 em  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*James H. Lewis Jr.*

Licensed Embalmer No. *470*

P. O. Address *Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.