

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19983

State File No. ....

*D. Bruce*  
FILED JUN 25 1956

BIRTH NO. .... REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (in this place) <u>51 yrs</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>316 Broadway Street</u>		e. STREET ADDRESS (If rural, give location) <u>316 Broadway Street</u> <i>02610</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Grace</u>	b. (Middle) <u>Leona</u>	c. (Last) <u>Scott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug-25-1905</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State Dept</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles W. Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Pauline Vogel</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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. ....	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pauline Scott, Jefferson City, Mo</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid 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.		<u>4 20 1</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>was found dead on floor in night clothes - Dead</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Home</u>	21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City, Cole, Mo.</u>
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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? <u>as Cole County Corner</u>
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22. I hereby certify that I attended the deceased from June 16 1956, 1956, that I first saw the deceased dead alive on June 18, 1956, and that death occurred at Scott's Room, from the causes and on the date listed above.

23a. SIGNATURE <u>J. Bruce MD</u> (Degree or title)	23b. ADDRESS <u>234 Madison Jefferson City, Mo</u>	23c. DATE SIGNED <u>6-22-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June-20-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>22 June 1956</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis MD - M. C. York</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Gordon</u>	ADDRESS <u>Jefferson City, Mo</u>
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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, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joseph Gordon*

Licensed Embalmer No. *1786*  
P. O. Address *Jeff City*

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.