No. 300
10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1956

State File No. 37306

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4083 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dewitt
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): His home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN: Dewitt.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): William
c. (Last): Scott

4. DATE OF DEATH (Month) (Day) (Year): Nov. 16. 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower.
8. DATE OF BIRTH: Nov. 30. 1873
9. AGE (In years last birthday): 82. IF UNDER 1 YEAR: Months 11 Days 16 IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Exchange
10b. KIND OF BUSINESS OR INDUSTRY: Telephone.
11. BIRTHPLACE (City and State or Foreign Country): —
12. CITIZEN OF WHAT COUNTRY?: U

13a. FATHER'S NAME: Oliver T. Scott
13b. MOTHER'S MAIDEN NAME: Margaret Rider.
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: no.
17. INFORMANT'S SIGNATURE OR NAME: Thomas R. Cooley. ADDRESS: Kansas City Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 334X
20. AUTOPSY? YES ☐ NO ☒

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): City of Dewitt (COUNTY): Carroll (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from _____, 19___ to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 9:30 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray Dickerson Coroner
23b. ADDRESS: Bogard Mo
23c. DATE SIGNED: 11-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-18-56
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county): Dewitt (State): Mo.

DATE REC'D BY LOCAL REG.: Nov 23-1956
REGISTRAR'S SIGNATURE: Pearl Koch
25. FUNERAL DIRECTOR'S SIGNATURE: Marshall T. Horne. ADDRESS: Carrollton Mo.

(Licensed Embalmer's Statement on Reverse Side)

47-0

JUL 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton

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