

FILED AUG 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

370-27448
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 92

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Gentry	
b. CITY (Outside corporate limits, give TOWNSHIP only) BUTLER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN King City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BUTLER HOSP-		Length of stay in lb 1 DAY	d. STREET ADDRESS (If outside, give location) 882
3. NAME OF DECEASED (Type or print) First David Middle Wm. Last SCOTT			4. DATE OF DEATH Month Aug Day 15 Year 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-1-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82
11. BIRTHPLACE (City and state or country) Savannah MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Scott		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Stella Earnings
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Opal Durst - Butler MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 10 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS			UNKNOWN
DUE TO (c) ARTERIAL HYPERTENSION			UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. -TIME OF INJURY. Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Aug. 7, 1957 to Aug. 15, 1957 and last saw him alive on Aug. 15, 1957 Death occurred at 7:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John M. Cooper, M.D.		22b. ADDRESS Butler, MO	22c. DATE SIGNED 8-17-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-18-57	23c. NAME OF CEMETERY OR CREMATORY YORK CEMETERY	23d. LOCATION (City, town, or county) (State) King City, MO
24. FUNERAL DIRECTOR CULVER-UNDERWOOD-BUTLER MO		25. DATE RECD BY LOCAL REG. Aug 18-57	26. REGISTRAR'S SIGNATURE Franklin Young

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

7-0

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 *John L Underwood*

Licensed Embalmer No. *3585*
P. O. Address *Butler, Mo*

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.