

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38141

STATE FILE NUMBER

FILED SEP 18 1957

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 282

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)	
a. COUNTY	ST. FRANCOIS COUNTY	a. STATE	MISSOURI
b. CITY (If outside corporate limits, give TOWNSHIP only)	Inside Limits OR TOWN RURAL ST. FRANCOIS	b. COUNTY	ST. FRANCOIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MINERAL AREA INSTITUTION	Length of stay in lb	c. CITY	Inside Limits OR TOWN FARMINGTON
INSTITUTION OSTEOPATHIC HOSPI.		d. STREET ADDRESS	(If outside, give location) 2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
JAMES	ROBERT	SCOTT	AUGUST	24	1957
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH		
MALE	WHITE	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	SEPT. 9, 1871		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?
RAN A HOTEL		SCOTT HOTEL	LIBERTY VILLE, MO.		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
UNKNOWN			UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INSURANT Address		
NO		492-24-7767	Pearl McElevain Flat River		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	6 months
	DUE TO (c)	18 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED?
Semility		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	20d. INJURY OCCURRED	
Hour Month, Day, Year	WHILE AT WORK <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 July 1, 57 to Aug 24, 57 and last saw her alive on 8/24/57	
Death occurred at 5:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22c. DATE SIGNED
W A Rudloff	8/24/57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)
BURIAL	Aug. 26, 1957	Underwood Cem.	Near Fredericktown, Mo
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Raymond Caldwell and Son Flat River		Aug 24, 1957	Ether Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *R C Adames*

Licensed Embalmer No. *23*

P. O. Address *Flat R*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitute's 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.