

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1957

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 16

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <i>Harrison</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Harrison</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bethany</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Bethany</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Nash Mem.</i> Length of stay <i>1 hour Hosp</i>		d. STREET ADDRESS (If outside, give location) <i>1908 Elder St.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Nora</i> Middle <i>O.</i> Last <i>Scott</i>			4. DATE OF DEATH Month <i>12</i> Day <i>8</i> Year <i>1957</i>			
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>5-13-1880</i>	9. AGE (In years last birthday) <i>77</i>	FUNDER 1 YEAR Months <i>6</i> Days <i>25</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i></i>	11. BIRTHPLACE (City and state or country) <i>Bethany Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>George L. Phillipis</i>	13b. MOTHER'S MAIDEN NAME <i>Ida Monson</i>	14. NAME OF HUSBAND OR WIFE <i>James Morton Scott Dec</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Willard Phillipis</i> Address <i>Bethany Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>3 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Disease of coronary arteries</i> DUE TO (c) <i></i>		
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? 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.) <i>4201</i>
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20c. TIME OF INJURY Hour <i></i> Month <i></i> Day <i></i> Year <i></i> a.m. <i></i> p.m. <i></i>	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
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21. I attended the deceased from <i>Jan 27 36</i> to <i>12 - 8 57</i> and last saw ^{her} alive on <i>12 - 8 - 57</i> Death occurred at <i>10:55 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. A. Broyles MD</i> (Degree or title)	22b. ADDRESS <i>Bethany Mo</i>	22c. DATE SIGNED <i>12/11/57</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-11-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Monson Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Bethany Mo.</i>
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24. FUNERAL DIRECTOR <i>MSHuan</i> ADDRESS <i>Bethany Mo</i>	25. DATE RECD. BY LOCAL REG. <i>Dec 14-1957</i>	26. REGISTRAR'S SIGNATURE <i>Zella Mayer</i>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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MAY 16 1958

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 *MSK Lee*

Licensed Embalmer No. *3899*
P. O. Address *Bethany 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.