

FILED-MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004911

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 5303

Registrar's No. 57

1. PLACE OF DEATH

a. COUNTY Cole  
b. CITY (If outside corporate limits, give TOWN or TOWN) Jefferson City  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Star Route # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cole  
c. CITY OR TOWN Jefferson City  
d. STREET ADDRESS (If outside, give location) Star Route # 2

3. NAME OF DECEASED (Type or print)

First LON Middle (NMN) Last SCOTT

4. DATE OF DEATH

Month March Day 3rd Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED  NEVER MARRIED   
WIDOWED  DIVORCED

8. DATE OF BIRTH March 4th 1880

9. AGE (In years last birthday) 77  
IF UNDER 1 YEAR: Months 0 Days 0  
IF UNDER 24 HRS.: Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Carpenter (Ret.)

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (City and state or country) Cole County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Scott

13b. MOTHER'S MAIDEN NAME Nancy Schirmer

14. NAME OF HUSBAND OR WIFE Emma Lindley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Mrs Emma Scott, Star Route # 2, Jefferson City, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Tuberculosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchiectasis

INTERVAL BETWEEN ONSET AND DEATH

5 yrs.

19. WAS AUTOPSY PERFORMED? YES  NO

525X

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

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 2-23-58 to 3-3-58 and last saw <sup>her</sup>him alive on 3-3-58  
Death occurred at 8:07 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L.B. Hebler M.D. 22b. ADDRESS Jefferson City, Mo 22c. DATE SIGNED 3-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE March 5th 1958

23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery

23d. LOCATION (City, town, or county) (State) Cole County, Missouri

24. FUNERAL DIRECTOR ADDRESS Tanner Funeral Home Jefferson City Mo

25. DATE RECD. BY LOCAL REG. 5 March 1958

26. REGISTRAR'S SIGNATURE R.P. Norris, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
-57

Doctor, coroner, etc. must base any standard nomenclature on Form 10. All diseases in Part I must be causally related.

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 *Donald P. Freeman*  
Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address... Jefferson City, Missouri

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.