

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025262

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 842

1. PLACE OF DEATH: a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST CLAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Oseola</u> <u>1930</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel</u>		Length of stay in lb <u>7-11-58</u>	d. STREET ADDRESS (If outside, give location) <u>R#4</u> Reside of Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Nellie</u> Middle <u>Viola</u> Last <u>Scott</u>			4. DATE OF DEATH Month <u>7</u> Day <u>22</u> Year <u>58</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-21-1898</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>CONIUM, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin Copenhagen</u>		13b. MOTHER'S MAIDEN NAME <u>Copenhagen</u>		14. NAME OF HUSBAND OR WIFE <u>John H. Scott</u>	
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. <u>---</u>	17. INFORMANT <u>Leona Anderson</u> Address <u>Clinton R#3, MO</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-2 HR</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cardiac Failure and Renal Failure</u>	<u>1 day</u>
	DUE TO (c) <u>OBSTRUCTION TO BILIARY DUCTS</u>	<u>UNKNOWN</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>586X</u>		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 <u>---</u> Month <u>---</u> Day <u>---</u> Year <u>---</u> a.m. <u>---</u> p.m. <u>---</u>		
20d. INJURY OCCURRED 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 7-11-58 to 7-22-58 and last saw her alive on 7-22-58
Death occurred at 12:35 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Arturo Gonzalez</u> (Degree or title) <u>N</u>	22b. ADDRESS <u>717 E Jefferson Clinton</u>	22c. DATE SIGNED <u>7-22-58</u>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-24-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Iconium</u>	23d. LOCATION (City, town, or county) (State) <u>Iconium MO</u>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR <u>Joseph J. Hane</u>	ADDRESS <u>Oseola</u>	25. DATE RECD. BY LOCAL REG. <u>7-24-58</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Biggers</u>
---	--------------------------	--	---

(Licensed Embalmers' Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57
422
0

AUG 29 1958

AUG 28 1958

JUL 8 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

J. B. ...

Licensed Embalmer No. **3038**

P. O. Address *...*

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.