

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031599

STATE FILE NUMBER

Health,
Welfare
Public
Service

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 297

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY KNOX	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY HURDLAND OR TOWN EAST OF HURDLAND
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hospital		Length of stay in lb 1 WEEK	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARLAN Middle DEVOSS Last SCOTT			4. DATE OF DEATH Month Sept. Day 22 Year 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 1 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 77
13. FATHER'S NAME DAVID SCOTT		11. BIRTHPLACE (City and state or country) KNOX Co. Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 499-42-0491		14. MOTHER'S MAIDEN NAME RACHEL OSBORNE	
17. INFORMANT Robert H. Scott		Address HURDLAND, 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) Uremia			INTERVAL BETWEEN ONSET AND DEATH 5 Da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sepsis			794X
DUE TO (c)			
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.) ---
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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, etc.) ---	20f. CITY, TOWN, OR LOCATION ---
21. I attended the deceased from Sept 1947 , to Sept 22 and last saw ^{her} him alive on Sept 22, 1958 . Death occurred at 4:45 P M on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Newton T. Peoples, M.D.	
22b. ADDRESS Kirkville, Mo.		22c. DATE SIGNED 9-24-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 23, 1958	23c. NAME OF CEMETERY OR CREMATORY BRASHEAR CEMETERY	23d. LOCATION (City, town, or county) (State) BRASHEAR Mo.
24. FUNERAL DIRECTOR Mrs. Margaret Earley Hurdland, Mo.		25. DATE RECD. BY LOCAL REG. 9-24-58	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard B. Kelly*.....
Licensed Embalmer No. *449*.....
P. O. Address *Elmer St.*.....

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.