

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032018

STATE FILE NUMBER

62638-58  
FILED OCT 9 1958

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 129

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Cass</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Harrisonville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>East Lynne</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Timmy</b> Middle <b>Joe</b> Last <b>Scott</b>			4. DATE OF DEATH Month <b>August</b> Day <b>29</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 29, 1958</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <b>0</b> Days <b>19</b> IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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) <b>Harrisonville, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Charles Scott</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Hatfield</b>	
14. NAME OF HUSBAND OR WIFE <b>---</b>		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. <b>---</b>	
17. INFORMANT <b>Mrs. Gladys Scott</b>		Address <b>East Lynne, Missouri</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Patent Ductus Arteriosus</b>  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) <b>---</b>	
INTERVAL BETWEEN ONSET AND DEATH		19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input 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 _____ 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 bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Harrisonville, MO</b>		COUNTY _____ STATE _____	
21. I attended the deceased from <b>Aug. 29, 1958</b> to <b>Aug. 29, 1958</b> and last saw her alive on <b>Aug. 29, 1958</b> Death occurred at <b>11:30</b> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>Harrisonville, MO</b>	
22c. DATE SIGNED <b>9/2-58</b>		22d. STATE SIGNED <b>MO</b>		22e. SIGNATURE <i>[Signature]</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-30-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Burford Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Harrisonville, MO</b>		23e. STATE <b>MO</b>		24. FUNERAL DIRECTOR <b>A. Hartzler</b>	
ADDRESS <b>East Lynne</b>		25. DATE RECD. BY LOCAL REG. <b>Sept 8, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Nora Barward</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
<sup>x</sup> by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....

Signature of Student Embalmer

Signed *A. W. Hertzler* .....

Licensed Embalmer No. *2717*

P. O. Address *East Lynne, 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.