

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036157
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 133 Primary Registration District No. 5496 Registrar's No. 137

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Harrison</u> | |
| b. CITY OR TOWN <u>Grant Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>2 1/2 mi E Ridgeway</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>Tom & M E Ridgeway - Labor.</u> Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) <u>0410 2 1/2 mi E Ridgeway</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

| | | | | | |
|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Hugh Vernon Scott</u> | | | 4. DATE OF DEATH Month Day Year <u>10-25-1958</u> | | |
| 5. SEX <u>M.</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>April 15 1897</u> | 9. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR Months Days <u>6 10</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and state or country) <u>4 1/2 mi E Ridgeway Mo. U.S.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |

| | | |
|---|---|---|
| 13a. FATHER'S NAME <u>Charles H Scott</u> | 13b. MOTHER'S MAIDEN NAME <u>Rosa Merrifield</u> | 14. NAME OF HUSBAND OR WIFE <u>Maudie Scott</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give year or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>500-07-7564</u> | 17. INFORMANT Address <u>Maudie Scott 4 1/2 mi E Ridgeway 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>CLOTHES CAUGHT ON POWER TAKE OFF SHAFT OF CORN PICKER</u> DUE TO (b) <u>ACCIDENT</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH AT ONCE <u>9 1/2 3</u> |
| 20a. ACCIDENT <input checked="" 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.) <u>CLOTHES CAUGHT ON POWER TAKE OFF SHAFT OF CORN PICKER</u> | |
| 20c. TIME OF INJURY Hour Month, Day, Year <u>APPROX 6:30 - 10-25-58</u> | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>ON FARM - OPERATING CORN</u> | |

| | | | |
|---|---|---------------------------|--------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. CITY, TOWN, OR LOCATION <u>1/2 mi EAST RIDGEWAY</u> | COUNTY <u>HARRISON</u> | STATE <u>MO</u> |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>APPROXIMATELY 10:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |

| | | |
|---|--|---|
| 22a. SIGNATURE (Degree or title) <u>Melvin Smith Sheriff 3</u> | 22b. ADDRESS <u>Bellamy, Missouri</u> | 22c. DATE SIGNED <u>10-25-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>10-25-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Grant Ridgeway</u> |
| 23d. LOCATION (City, town, or county) (State) <u>2 1/2 mi. S. E. Ridgeway MO</u> | | |

| | | |
|---|---|--|
| 24. FUNERAL DIRECTOR ADDRESS <u>Boggers Funeral Home Redgeway Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>10-27-58</u> | 26. REGISTRAR'S SIGNATURE <u>Zella Mayley</u> |
|---|---|--|

(License of Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 20 1959

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 *Robert R. Rogers*

Licensed Embalmer No. *35-76*

P. O. Address *Redfeyway*

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.