

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041033

STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CLARKSVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE COUNTY HOSPITAL		Length of stay in 1b 3 1/2 wks	0820 STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last BERTRAM MAY Scott			4. DATE OF DEATH Month Day Year NOV 13 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 18 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) PIKE CO. MISSOURI
13a. FATHER'S NAME NELSON Scott		13b. MOTHER'S MAIDEN NAME ELIZABETH BOYD	12. CITIZEN OF WHAT COUNTRY? U S A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, for or up town) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MRS JOHN MCLOED CLARKSVILLE, 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) Acute Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease			yes
DUE TO (c) 4200			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe angina pectoris long. heart failure, Pericardium			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 bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7/2/58 to 11/13/58 and last saw him alive on 11/13/58 Death occurred at 6:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John A. Middlebrooks M.D.		22b. ADDRESS Louisiana	22c. DATE SIGNED 11/15/58
23a. BURIAL, CREMATION, BEMO (Specify)	23b. DATE NOV. 15, 1958	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM.	23d. LOCATION (City, town, or county) (State) CLARKSVILLE, MO.
24. FUNERAL DIRECTOR CARROLL-CORRIET. CLARKSVILLE		25. DATE RECD. BY LOCAL REG. 11-17-58	26. REGISTRAR'S SIGNATURE Bernice Collier

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. All diseases in Part I must be causally related. All diseases in Part I must be causally related.

MO

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

Licensed Embalmer No.....

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.