

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044806

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 144

FILED DEC 22 1958

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Brookfield</u> 0582 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>516 Market</u>		Length of stay in 1b <u>13 years</u>	d. STREET ADDRESS (If outside, give location) <u>516 Market</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Anderson Scott</u>			4. DATE OF DEATH Month Day Year <u>Dec. 14, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 18, 1875</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>4 27</u>	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Suitman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad C.B. & Q.</u>	11. BIRTH PLACE (City and state or country) <u>Rothville, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>E. S. Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Anderson</u>
14. NAME OF HUSBAND OR WIFE <u>Hella Scott (deceased)</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Spanish American</u>	16. SOCIAL SECURITY NO. <u>none</u>
17. INFORMANT <u>Nadine Walters, Parkville, Mo.</u>		Address	
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>Cardiac arrest</u>			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u>			<u>5 days</u>
DUE TO (c) <u>Coronary atherosclerosis</u>			<u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>12-9-58</u> to <u>death</u> and last saw her alive on <u>12-9-58</u> Death occurred at <u>12-14-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. S. Howell</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>15 Southfield Mo.</u>	
22c. DATE SIGNED <u>12-15-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Dec. 16, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Brookfield, Missouri</u>	
24. FUNERAL DIRECTOR <u>Hill Funeral Home Brookfield, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-16-58</u>	
26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>			

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.

DEC 29 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 *Gerald F. Wad*

Licensed Embalmer No. *4172*
P. O. Address *Brown*

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.