RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032892

STATE FILE NUMBER

FILED VS OCT 9 1959

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 60

NDED

1. PLACE OF DEATH
a. COUNTY: KNOX COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: GREENSBURG TWS — Length of stay in 1b: 1 HOUR
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: SCOTLAND
c. CITY OR TOWN: MEMPHIS Mo — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 318 S KNOTT — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NINA — Middle ELVIS — Last SCOTTEN

4. DATE OF DEATH: Month SEPT — Day 25 — Year 1959

5. SEX: FEMALE
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-26-1891
9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months 2, Days 29 — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPING
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): SCOTLAND COUNTY Mo
12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: OLIVER CORWIN
13b. MOTHER'S MAIDEN NAME: SARAH J PURVIS
14. NAME OF HUSBAND OR WIFE: JOHN EARL SCOTTEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Rouster Pearce — Address: Baring 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): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ~~Arte~~ Aortic Stenosis — 3 yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 April 1958, to Sept 1959 and last saw her/him alive on Sept 20-1959
Death occurred at 5:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E E Gilfillan M.D.
22b. ADDRESS: Memphis Missouri
22c. DATE SIGNED: 10-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 9-28-1959
23c. NAME OF CEMETERY OR CREMATORY: BIBLE GROVE
23d. LOCATION (City, town, or county) (State): BIBLE GROVE Mo

24. FUNERAL DIRECTOR — ADDRESS: D.W. PAYNE & SONS
25. DATE RECD. BY LOCAL REG.: Oct-6-1959
26. REGISTRAR'S SIGNATURE: Nell S. Hunnett

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Neal Payne

Signature of Student Embalmer

Licensed Embalmer No. 2556

P. O. Address Memphis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.