

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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=60-000166

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 8

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>LUTESVILLE</u>		Length of stay in 1b <u>3 days</u>		c. CITY OR TOWN <u>ADVANCE</u>		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>BOND NURSING HOME</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>DUDLEY</u> Middle <u>J.</u> Last <u>SCOTT</u>				4. DATE OF DEATH Month <u>JANUARY</u> Day <u>16</u> Year <u>1960</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</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>July 14, 1881</u>		9. AGE (last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTRY</u>		11. BIRTHPLACE (City and state or country) <u>JEWETT, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			
13a. FATHER'S NAME <u>ERAZMAS SCOTT</u>			13b. MOTHER'S MAIDEN NAME <u>NANCY COLLUM</u>			14. NAME OF HUSBAND OR WIFE <u>ARDELLA SCOTT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Shella Henry Vandavia, Jr.</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) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiac decompensation</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
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 _____ a.m. _____ p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>7:30 PM 1/15/60</u> to <u>1/16/60</u> and last saw him alive on <u>1/15/60</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Figure or title) <u>John J. Myers, D.D.</u>				22b. ADDRESS <u>Advance Mo</u>				22c. DATE SIGNED <u>1/20/60</u>	
23a. BURIAL, CREMATION, REINTERMENT (Specify)		23b. DATE <u>1-18-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Morgan</u>		23d. LOCATION (City, town, or county) (State) <u>Advance, Mo.</u>			
24. FUNERAL DIRECTOR <u>Wm H Meyer</u>			ADDRESS <u>Advance Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-22-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Buford Crader</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed Wm. H. Morgan

Licensed Embalmer No. 5461

P. O. Address Advance

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.