URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ILED VS MAR 30 1960

60-011752

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 4315 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY MACON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LA PLATA — Length of stay in 1b 2 yrs 10 m
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 BLKS N. SQUARE — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Adair
c. CITY OR TOWN BRASHEAR — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) None — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First DORA Middle Last SCOTT
4. DATE OF DEATH Month MAR Day 9 Year 1960
5. SEX FEMALE
6. COLOR OR RACE CAUCASION
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH NOV 2, 1881
9. AGE (last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) ADAIR COUNTY, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEORGE CONKLE
13b. MOTHER'S MAIDEN NAME ANN STEEL
14. NAME OF HUSBAND ~~OR WIFE~~ JOHN SCOTT
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 GLEN SCOTT — Address BRASHEAR, 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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 10 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 March 8, 1960 to March 9, 1960 and last saw her/him alive on March 9, 1960
Death occurred at 7 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold D. Sehr DO
22b. ADDRESS La Plata Mo
22c. DATE SIGNED MAR 9-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE MAR 12, 1960
23c. NAME OF CEMETERY OR CREMATORY BRASHEAR
23d. LOCATION (City, town, or county) BRASHEAR (State) Mo.

24. FUNERAL DIRECTOR Kelly Logan — ADDRESS Brashear, Mo.
25. DATE RECD. BY LOCAL REG. 3/9/60
26. REGISTRAR'S SIGNATURE Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUN 14 1960

**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 KELLEY ROGERS, Student Embalmer No. 580

working under my personal supervision.

Student Kelley Rogers
Signature of Student Embalmer

Signed Richard B. Kelly

Licensed Embalmer No. 2450

P. O. Address Elma, Me.

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