URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-033720

STATE FILE NUMBER

FILED VS OCT 1 0 1960

NDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 233

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Length of stay in 1b 8 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 613 East Park St. — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Mexico — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 613 East Park — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Roger Middle Lee Last Scott

4. DATE OF DEATH Month October Day 2, Year 1960

5. SEX Male
6. COLOR OR RACE Negro
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 9-24-60
9. AGE (last birthday) 0 — IF UNDER 1 YEAR Months Days 8 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby
10b. KIND OF BUSINESS OR INDUSTRY ----------
11. BIRTHPLACE (City and state or country) Mexico, Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME Margaret Louise Scott
14. NAME OF HUSBAND OR WIFE None

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. None
17. INFORMANT Address Maggie Scott, Mexico, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Natural cause
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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 [X]
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 Sept 24, 1960, to Oct 2, 1960 and last saw ~~her~~ him alive on Oct 2, 1960
Death occurred at 10:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. H. J. Estes MD
22b. ADDRESS Mexico, Mo.
22c. DATE SIGNED 10/3/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-3-60
23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
23d. LOCATION (City, town, or county) (State) Mexico, Missouri

24. FUNERAL DIRECTOR ADDRESS 510 S. Washington
rnold Funeral Home Mexico, Mo.
25. DATE RECD. BY LOCAL REG. Oct 3 1960
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Richard Y. McDonald

Signature of Student Embalmer

Licensed Embalmer No. 482

P. O. Address Mexic

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.