

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3395-61-015628 STATE FILE NUMBER

FILED APR 24 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Johns Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Illinois** b. COUNTY **Jackson**
 c. CITY OR TOWN **Elkville** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **120 So. 6th, St.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Romona Scott April 7, 1961

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **10/20/1905** 9. AGE (last birthday) **55** 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 **At Home** 11. BIRTHPLACE (City and state or country) **Rockford, Illinois.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **George Hart** 13b. MOTHER'S MAIDEN NAME **Julia Carney** 14. NAME OF HUSBAND OR WIFE **Dr. W. C. Scott**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) **No.** 16. SOCIAL SECURITY NO. **Nil.** 17. INFORMANT **Dr. W. C. Scott, 120 So. 6th, St.** 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) **Malignant Hypertension** INTERVAL BETWEEN ONSET AND DEATH **2 yrs**
 DUE TO (b) _____
 DUE TO (c) **445 X.F**

CONDITIONS, (e.g., which gave rise to above cause (a), stating the underlying cause last.)
O.K. Jackson Ill. signed by [Signature]

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cerebral Trauma - fall

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.)
Fell to floor as attempting to get in bed.

20c. TIME OF INJURY Hour: _____ Month, Day, Year a.m. p.m. **4/3/61**

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.) **At Home** 20f. CITY, TOWN, OR LOCATION **Elkville** COUNTY **Illinois** STATE

21. I attended the deceased from **4/6/61** to **4/7/61** and last saw her **alive on 4/7/61**
 Death occurred at **11:50 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Edmund J. [Signature]** (Degree or title) 22b. ADDRESS **100 N Euclid (8)** 22c. DATE SIGNED **4/10/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **4-11-61** 23c. NAME OF CEMETERY OR CREMATORY **Sacred Heart Cemetery** 23d. LOCATION (City, town, or county) **Prairie County, Ill.** (State)

24. FUNERAL DIRECTOR **Albert H. Hoppe Inc., 4700 Washington, Blvd.** ADDRESS 25. DATE RECD. BY LOCAL REG. **APR 10 1961** 26. REGISTRAR'S SIGNATURE **Lois Smith, M.D.**

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

Robert M. Mur

Licensed Embalmer No. 3749

P. O. Address St Louis

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.