

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027862
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1952

AMENDED

FILED JUL 25 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>WEBSTER GROVE</u>		Length of stay in 1b <u>5 weeks</u>	c. CITY OR TOWN <u>FULTON</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>23 GLENOAK</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>PFD</u>

3. NAME OF DECEASED (Type or print) First <u>LUCY</u> Middle <u>JULIA</u> Last <u>SCOTT</u>			4. DATE OF DEATH Month <u>JULY</u> Day <u>11</u> Year <u>1961</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-17-1878</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life - even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>GUTHRIE MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>WILLIAM J. BRUTON</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Hawkins</u>	14. NAME OF HUSBAND OR WIFE <u>Osman Duley 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>now</u>	17. INFORMANT <u>Mr Gordon E. Moore, Webster Grove, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic cerebrovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20-30 yrs (progressive)</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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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 6-29-61 to JUL 11 '61 and last saw her alive on JUL 11 '61
Death occurred at 7:00 a.m., on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Samuel H. Sculerson, M.D.</u>	22b. ADDRESS <u>1695 BRENTWOOD BLVD, BRENTWOOD, MO.</u>	22c. DATE SIGNED <u>JUL 11 '61</u>
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23a. FUNERAL, CREMATION, or other disposal <u>REMOVAL</u>	23b. DATE <u>July 13-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Guthrie Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Guthrie Mo</u>
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24. FUNERAL DIRECTOR <u>Wallace Funeral Home, Fulton, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7-13-61</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>
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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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, Md.

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.