

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035461

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2466

FILED SEP 18 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>St. Louis</u>	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>ST. FRANCIS</u>
Length of stay in 1b <u>DOA</u>		c. CITY OR TOWN <u>FLAT RIVER</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>St. Louis Co. Hosp.</u>		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)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
<u>WALTER LEE SCOTT</u>			<u>SEPT</u>	<u>1</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>MAY 24 1908</u>	9. AGE (last birthday) <u>53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>ST. FRANCIS CO. MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>CHARLES SCOTT</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BENDERGATE FIE SCOTT</u>	14. NAME OF HUSBAND OR WIFE
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>UNKNOWN</u>	17. INFORMANT <u>Effie Scott Flat River Mo</u>

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) <u>Crushed chest, plus other internal injuries</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>9023</u>	
	DUE TO (c) <u>6</u>	

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"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Fell from scaffold</u>
20c. TIME OF INJURY <u>1:00 approx</u>	Month, Day, Year <u>9/1/61</u>	

20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>church building under construction</u>	20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>	COUNTY <u>Missouri</u>	STATE <u>Missouri</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____				
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Raymond Hank</u> (Degree or title) <u>Coroner Clayton, Mo.</u>	22b. ADDRESS	22c. DATE SIGNED <u>9/8/61</u>
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23a. SERIAL, CREMATION RECORD NO. (Serial)	23b. DATE <u>SEPT 6, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ODD FELLOWS</u>	23d. LOCATION (City, town, or county) (State) <u>DOE RUN, MO.</u>
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24. FUNERAL DIRECTOR <u>R. CALDWELL AND SONS</u>	ADDRESS <u>FLAT RIVER, MO</u>	25. DATE RECD. BY LOCAL REG. <u>9-2-61</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

SEP 26 1961

SEP 20 1961

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 David P. Caldwell, Student Embalmer No. 636

working under my personal supervision.

Student David P. Caldwell
Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, M

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.