

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-038098

STATE FILE NUMBER

Registration District No. 284 Primary Registration District No. 5056 Registrar's No. 245

AMENDED

FILED NOV 2 1961

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY CHARITON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY		Length of stay in 1b 1 DAY	c. CITY OR TOWN SALISBURY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WOODLAND HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) SALISBURY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last William Thomas Scott			4. DATE OF DEATH Month Day Year Oct. 20 1961		
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-8-1894	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 4 Days 12 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED		10b. KIND OF BUSINESS OR INDUSTRY GAMBLE STORE	11. BIRTHPLACE (City and state or country) DRESDEN Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John B. Scott		13b. MOTHER'S MAIDEN NAME VINA Gentry		14. NAME OF HUSBAND OR WIFE MYRLE Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT MYRLE Scott Address SALISBURY Mo.	

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 16 hours
IMMEDIATE CAUSE (a) Acute myocardial infarction.		
DUE TO (b) Hypertensive cardiovascular disease.		Years
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"/> 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 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 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 **Nov. 1959** to **Oct. 20, 1961** and last saw ^{her}him alive on **Oct. 20, 1961**
Death occurred at **4:20 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Will Henry J. Miller</i>		22b. ADDRESS Moberly, Mo.	22c. DATE SIGNED 10/21/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-22-61	23c. NAME OF CEMETERY OR CREMATORY DRESDEN CEM.	23d. LOCATION (City, town, or county) (State) DRESDEN Mo.
24. FUNERAL DIRECTOR Miller-Tillotson ADDRESS MARCELINE		25. DATE RECD. BY LOCAL REG. 10-22-61	26. REGISTRAR'S SIGNATURE <i>Leah... Lane</i>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

RECORD FILE AS FOLLOWS

NOV 3 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Silburn K. Tidwell

Licensed Embalmer No. 4508

P. O. Address Marceline
Mo.

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.