

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029085

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 5662 Registrar's No. 49

FILED JUL 16 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0560
2 0560
3
4 0
5 2
6
7 0
8 2
9420.1
10
11
12 86.2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

7/9/63

Mt. Olivet Cem.--Hannibal

Riverside Cem.--Hannibal

23c

DOCUMENT

BY AFFIDAVIT OF: Evelynn Schoonover

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lewistown</u> Length of stay in 1b <u>3 yrs</u>		c. CITY OR TOWN <u>Lewistown</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) (HOSPITAL OR INSTITUTION) <u>Home Care Rest Home</u>		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Henry Edward Scott</u>		4. DATE OF DEATH <u>July - 4 - 1963</u>	
5. SEX <u>Male</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>Sept 7, 1897</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Just.</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Fire New Park</u>	
10a. FATHER'S NAME <u>Henry Scott</u>		10b. MOTHER'S MAIDEN NAME <u>Fannie Tille</u>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of <u>no</u>)		12. SOCIAL SECURITY NO. <u>33A Dorely Schouwer - St Louis, Mo</u>	
13. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Embolism</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Scott</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		15. CITIZEN OF WHAT COUNTRY <u>U.S.A.</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	
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 <u>2:45 P</u> Month, Day, Year <u>Oct 1960</u>	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.) <u>at Riverside Cem.</u>		20f. CITY, TOWN, OR LOCATION <u>Lewistown, Mo</u> COUNTY STATE	
21. I attended the deceased from <u>Oct 1960</u> to <u>4 July 63</u> and last saw him alive on <u>4 July 63</u> Death occurred at <u>2:45 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John W Wills D.O.</u>		22b. ADDRESS <u>Lewis town Mo</u>	
22c. DATE SIGNED <u>5 July 63</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Riverside Cem.</u>	
23a. BURNIAL CREMATION, REMOVAL (Specify) <u>Funeral July 6, 1963</u>		23b. DATE <u>July 6, 1963</u>	
24. FUNERAL DIRECTOR <u>Charles General Home - Hannibal, Mo</u>		25. DATE RECD. BY LOGAL REG. <u>7-9-63</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>		27. LOCATION (City, town, or county) <u>Hannibal, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

EMBALMER

79

9 11
20 21 JUL 1968



JUL 19 1968

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 _____

Raymond B. Lane

Licensed Embalmer No. 4217

P. O. Address Hammond, 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.