

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043445

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 5444 Registrar's No. 109

FILED NOV 26 1963

1. PLACE OF DEATH a. COUNTY Gentry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Athens Township		Length of stay in 1b lifetime		c. CITY OR TOWN Athens Township		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. of Albany			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) S. of Albany	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES ELDON SCOTT			4. DATE OF DEATH Month Day Year November 16, 1963			
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 Oct 31 '18	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) custodian of Scout Camp		10b. KIND OF BUSINESS OR INDUSTRY General Labor		11. BIRTHPLACE (City and state or country) Darlington, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Steven Scott			13b. MOTHER'S MAIDEN NAME Effie Kinney		14. NAME OF HUSBAND OR WIFE Oleeta Weese 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. [REDACTED]		17. INFORMANT Address Mrs. Jaems E. Scott Albany, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 2 minute
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"/> 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 a.m. p.m. 5 Month, Day, Year 11-16-63		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 viewed body after death and last saw him alive on _____ Death occurred at 5 p.m. on the date stated above and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Print or title) D. J. [Signature]			22b. ADDRESS King City, Mo		22c. DATE SIGNED 11-17-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Nov 18, 1963	23c. NAME OF CEMETERY OR CREMATORY Grandview		23d. LOCATION (City, town, or county) (State) Albany, Missouri	
24. FUNERAL DIRECTOR Brooks-Cochell Funeral Home Albany, Mo.			25. DATE RECD. BY LOCAL REG. 11-21-63		26. REGISTRAR'S SIGNATURE Mr. L. W. Bare	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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MEDICAL CERTIFICATION

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USE BLACK INK OR TYPEWRITER RIBBON

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11-21-63

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Coohel

Licensed Embalmer No. 4868

P. O. Address: Albany, 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.