MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 63-050378

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3805

FILED JAN 3 1964

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 4000
2 0360
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON BARRACKS, MO.
Length of stay in 1b: 140 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VETERANS ADMINISTRATION HOSPITAL
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: FRANKLIN
c. CITY OR TOWN: LABADIE
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): BOX 75
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First EARL Middle (NMI) Last SCOTT
4. DATE OF DEATH: Month 12 Day 12 Year 1963
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-8-1907
9. AGE (last birthday): 56 YRS
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOISTING ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (City and state or country): LABADIE, MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: JAMES M. SCOTT
13b. MOTHER'S MAIDEN NAME: MAUDE L. MAUPIN
14. NAME OF HUSBAND OR WIFE: THELMA E. SCOTT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of servi): WW-II
16. SOCIAL SECURITY NO.:
17. INFORMANT: NEXT OF KIN Address: LABADIE, MISSOURI
MRS. THELMA E. SCOTT, BOX 75

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 1-2- WEEKS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Terminal pulmonary embolus, right.
Acute hemorrhagic gastritis with ulcers
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. VA attended the deceased from 7-25-63 to 12-12-63 ~~and last saw him alive on~~
Death occurred at 11:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John J. Mueller (Degree or title) M.D.
22b. ADDRESS VA HOSP. JEFF. BRKS., MO.
22c. DATE SIGNED 12-13-63
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-16-63
23c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
23d. LOCATION (City, town, or county) (State): Labadie, Mo.
24. FUNERAL DIRECTOR ADDRESS: Otto & Co., Washington, Mo.
25. DATE RECD. BY LOCAL REG.: 12-13-63
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

JAN 6 1964

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address N. O.

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.