

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19036

State File No.

FILED JUN 3 1953

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 4448 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Ray 0890</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray 0890</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lawson</u>		c. LENGTH OF STAY (If this place) <u>44 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lawson</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lawson, Mo.</u>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>NELL</u>	b. (Middle) <u>R</u>	c. (Last) <u>SCOTT</u>	Month <u>May</u>	Day <u>26</u>	Year <u>53</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 7 1887</u>		9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Lawson, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Nathaniel Reuben Rigg</u>	13b. MOTHER'S MAIDEN NAME <u>Sallie Jane McGinn</u>	14. NAME OF HUSBAND OR WIFE <u>Frank W. Scott</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank W. Scott Lawson Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 wks.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Mitral Stenosis & Cor Bovinum</u>		DUE TO (b) <u>85 yrs?</u>
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>410x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lawson Ray Mo</u>	21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lawson Ray Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1953, to May 26, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Oliver Buehler M.D.</u>	23b. ADDRESS <u>Lawson Mo</u>	23c. DATE SIGNED <u>5/27/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>May 28 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u>
DATE REC'D BY LOCAL REG. <u>May 27 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. Raymond Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Lawson Mo</u>
	25. FUNERAL DIRECTOR'S SIGNATURE <u>German Richard</u>	ADDRESS <u>Lawson Mo</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 8 1955

OCT 24 1955

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
Student Embalmer

Signed

Lindell K. Jarman

Licensed Embalmer No. *4589*

P. O. Address *Greelish Springs, Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.