

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35737

No. 300

10. ~~4~~ **OCT 21 1952**

State File No. _____
Registrar's No. **70**

BIRTH NO. **70320** REG. DIST. NO. **229** PRIMARY REG. DIST. NO. **579A**

680

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

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Harrison		c. CITY (If outside corporate limits, write RURAL and give township) Harrison	
c. LENGTH OF STAY (in this place) 56 Hrs		d. STREET ADDRESS (If rural, give location) High Point Star Rt. California, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION High Point Star Rt.			

3. NAME OF DECEASED (Type or Print) a. (First) Russell b. (Middle) Dean c. (Last) Scott			4. DATE OF DEATH (Month) (Day) (Year) Oct 13 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 11 1952	9. AGE (In years last birthday) 2	10. IF UNDER 1 YEAR Months 2 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State, or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Floyd Scott	13b. MOTHER'S MAIDEN NAME Rose Robach	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME <i>Edward Scott California</i>	ADDRESS California
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cryptorhachosis Fetalis		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 1700	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Harrison Mo Moniteau Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Oct. 11 1952**, to **Oct. 13 1952**, that I last saw the deceased alive on **Oct 13 1952**, and that death occurred at **6:50P** m., from the causes and on the date stated above.

23a. SIGNATURE <i>L. A. Bouslin</i>	(Degree or title)	23b. ADDRESS California, Mo.	23c. DATE SIGNED 10/15/52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10/15/52	24c. NAME OF CEMETERY OR CREMATORY Flag Spring Cemetery	24d. LOCATION (City, town, or county) (State) Rural California Mo
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DATE REC'D BY LOCAL REG. 10/18/52	REGISTRAR'S SIGNATURE <i>H. L. Kopp</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Frank Bouslin</i>	ADDRESS California
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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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

Not Embalmed