

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 12746

BIRTH NO.		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>5945</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James, Rural</u>			c. LENGTH OF STAY (In this place) <u>1 Yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo.</u> <u>0681</u>			d. STREET ADDRESS (If rural, give location) <u>-----</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ferndale Nursing Home</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Viola</u>		b. (Middle) <u>(none)</u>		c. (Last) <u>Scott</u>	
		4. DATE OF DEATH <u>May 4, 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 15, 1865</u>		9. AGE (In years last birthday) <u>85 yrs</u>		IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>	
10a. USUAL OCCUPATION (Give kind of work done during working life or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ferndale Nursing Home, St. James, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial regurgitation</u> DUE TO (c) <u>Anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 27, 1950</u> , to <u>May 4, 1950</u> , that I last saw the deceased alive on <u>May 2, 1950</u> , and that death occurred at <u>11:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>@ V. Hammer, M.D.</u>				23b. ADDRESS <u>St. James, Mo</u>		23c. DATE SIGNED <u>5-8-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-4-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-8-1950</u>		REGISTRAR'S SIGNATURE <u>Carla G. Birmingham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.E. Licklider</u>		ADDRESS <u>St. James, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed: 5-10-50

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.

Signed _____
Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4207

P. O. Address St. James, 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 this body is not embalmed, fact should be so stated above.