

FILED MAR 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11266**

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

BIRTH NO. _____		REG. DIST. NO. <b>356</b>		PRIMARY REG. DIST. NO. <b>6206</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>TEXAS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>TEXAS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Jackson</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RAYMONDVILLE</b>		107 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>D</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>AMANDA</b> b. (Middle) <b>MAE</b> c. (Last) <b>SCOTT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 2 49</b>				
5. SEX <b>F-I</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>m.</b>	8. DATE OF BIRTH <b>July 23 1885</b>		9. AGE (In years last birthday) <b>64</b>	# UNDER 1 YEAR Months	# UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>sent Co. mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>John Floyd</b>		13b. MOTHER'S MAIDEN NAME <b>Jesse Robinson</b>		14. NAME OF HUSBAND OR WIFE <b>James Scott</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OF NAME AND ADDRESS <b>James Scott Raymondville</b>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b> <b>X high blood</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1511</b>					
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)		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 <b>Jan 1 1949</b> , to <b>Mar 2 1949</b> , that I last saw the deceased alive on <b>Mar 2 1949</b> , and that death occurred at <b>11:20 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Deshie Kamball</b> (Degree or title)				23b. ADDRESS <b>Licking Mo.</b>		23c. DATE SIGNED <b>3-3-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 4-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Patterson</b>		24d. LOCATION (City, town, or county) (State) <b>sent Co mo</b>	
DATE REC'D BY LOCAL REG. <b>March 12-49</b>		REGISTRAR'S SIGNATURE <b>Myrtle Craig</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gaylord H. Elliott</b>		ADDRESS <b>cabool mo</b>	

RECEIVED 3-18-49  
District Health Officer No. 8,  
District File Number 349-210  
Date Filed 3-26-49

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex

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.