

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36150

BIRTH NO.

REG. DIST. NO.

378

PRIMARY REG. DIST. NO.

6286

Registrar's No.

41

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WOOD TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wood Township	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5 miles NW of Mtn Grove		d. STREET ADDRESS (If rural, give location) 5 miles NW of Mtn Grove	
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) PAULINE c. (Last) SCOTT			4. DATE OF DEATH (Month) (Day) (Year) Oct 11 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH Sept 22, 1946
9. AGE (In years last birthday) 3		10. MONTHS 19	11. HOURS 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Mtn Grove, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Francis Scott	
13b. MOTHER'S MAIDEN NAME Margaret Yocumn		14. NAME OF HUSBAND OR WIFE Infant	
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. No	
17. INFORMANT'S SIGNATURE OR NAME Francis Scott		ADDRESS Mtn Grove Mo	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a), Uterine Cellul 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.	
INTERVAL BETWEEN ONSET AND DEATH 8 Oct 1949		5722	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Oct 11 1949 7⁰⁰ a.m.	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 10 Oct , 1949, to 11 Oct , 1949, that I last saw the deceased alive on 10 Oct , 1949, and that death occurred at 7⁰⁰ A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ed. Connor M.D.		23b. ADDRESS Mountain Grove Mo	23c. DATE SIGNED 12 Oct 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 13, 1949	24c. NAME OF CEMETERY OR CREMATORY Hill Crest	24d. LOCATION (City, town, or county) (State) Mtn Grove Missouri
DATE REC'D BY LOCAL REG. 10-25-49	REGISTRAR'S SIGNATURE W.C. Ames	348	FUNERAL DIRECTOR'S SIGNATURE Presell Barber Mtn. Grove Mo
ADDRESS Bernie A. [unclear]			

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

(Licenses and regulations on Reverse Side)

RECEIVED OCT 31 1949
District Health Office No. 6
District File Number 1049-1175
Date Filed 10-31-49

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.....

.....
working under my personal supervision.

Student Embalmer No. 3

Signed

Russell Barber

Signed.....
Student Embalmer

Licensed Embalmer No.

3848

P. O. Address

Mtn Grove, Pa.

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.