

FILED MAR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 9138

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

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>439</u>		
1. PLACE OF DEATH a. COUNTY <u>LACLEDE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>TEXAS</u>				
b. CITY OR TOWN <u>WAPANON</u>		c. LENGTH OF STAY (in this place) <u>3 WKS</u>		c. CITY OR TOWN <u>Rural</u>		Rural (If rural, give location) <u>Roubidoux Twp</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WALLACE HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1070</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LESLIE</u> b. (Middle) <u>MONTGOMERY</u> c. (Last) <u>SCOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-2-51</u>					
5. SEX <u>M. D</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>9-26-1870</u>		
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ALDINE MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. SA</u>	
13a. FATHER'S NAME <u>WILLIAM SCOTT</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>SARAH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FLORENCE SCOTT PLATO 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>Pneumonia lobar, Right</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Pleurisy, Tuberculosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4222</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) _____		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 <u>2-11</u> , 19 <u>51</u> , to <u>3-2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-2</u> , 19 <u>51</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Libonau Mo.</u>		23c. DATE SIGNED <u>3-6-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLATO</u>		24d. LOCATION (City, town, or county) (State) <u>PLATO MO</u>		
DATE REC'D BY LOCAL REG. <u>3-12-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Cabot Mo.</u>		

MAR 17 1954

Received _____
Laclede County Health Unit
File No. 3-51-39
Date Filed MAR 19 1954

Dr. J. A. Summers

MAR 10 1954

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, 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.