

FILED FEB 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4442

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 5

280

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

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) TOWN Rural (Meramec Twp.)		c. CITY (If outside corporate limits, write RURAL and give town(ship)) TOWN Rural (Meramec Twp.)	
c. LENGTH OF STAY (In this place) 3 yrs.		d. STREET ADDRESS (If rural, give location) 2 miles E. of Steelville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles E. of Steelville			

3. NAME OF DECEASED a. (First) Carrie b. (Middle) Catharine? c. (Last) Scott			4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1952			
5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 27, 1878.	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 11 Days 23	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Spring Bluff, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Vieten		13b. MOTHER'S MAIDEN NAME Harriet Martin		14. NAME OF HUSBAND OR WIFE John Scott	
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 Mrs. Walter Robinson, Steelville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF STOMACH WITH METASTASES		INTERVAL BETWEEN ONSET AND DEATH 8-12 MO.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic HEART DISEASE		
	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 7-?-51		19b. MAJOR FINDINGS OF OPERATION CA. OF STOMACH WITH METASTASES		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? 151X	

22. I hereby certify that I attended the deceased from 7-2 1951, to 2-20, 1952, that I last saw the deceased alive on 2-20, 1952 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE John Charles Doubek, Jr. M.D.		23b. ADDRESS Steelville, Mo.		23c. DATE SIGNED 2-22-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/23/1952		24c. NAME OF CEMETERY OR CREMATORY Cave Spring Cemetery Franklin County, Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 2-26-52		REGISTRAR'S SIGNATURE [Signature]		76		25. FUNERAL DIRECTOR'S SIGNATURE Thomas S. Halbert - Steelville, Mo.		ADDRESS	
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MAY 1 1956

MAY 20 1956

MAY 21 1956

MAY 21 1956

MAY 2 1956

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.

Signed *Thomas S. Herbert*

Signed
Student Embalmer

Licensed Embalmer No. 4332

P. O. Address Steelville, Missouri

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.