

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27147**

FILED AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **215**

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| 1. PLACE OF DEATH a. COUNTY Boone ¹¹⁰⁵ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone | |
| b. CITY OR TOWN Columbia | | c. CITY OR TOWN Columbia ⁰¹⁰⁵ | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) 13 W. Ash St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 13 W. Ash St. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) NELLIE | b. (Middle) - | c. (Last) SCOTT | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 8th 1952 |
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|----------------------|-------------------------------|---|--|---|---|---|--|
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 11th 1899 | 9. AGE (In years) (Month) (Day) (Year) 53 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Andrew Logan | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Oather Scott |
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| 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. - | 17. INFORMANT'S SIGNATURE, OR NAME ADDRESS Oather Scott Columbia Mo. |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis | | INTERVAL BETWEEN ONSET AND DEATH 4 wks |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal obstruction | | 6 wks |
| | DUE TO (c) Postoperative adhesions | | 20 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5705 | | | |

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| 19a. DATE OF OPERATION July 19, 1952 | 19b. MAJOR FINDINGS OF OPERATION Complete intestinal destruction + Peritonitis | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **July 17, 1952**, to **Aug 8, 1952**, that I last saw the deceased alive on **Aug 8, 1952**, and that death occurred at **10 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Carl S. Dietrich M.D. | 23b. ADDRESS Prof. Bldg. Columbia Mo. | 23c. DATE SIGNED Aug 11-52 |
|---|--|-----------------------------------|

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|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug 11 1952 | 24c. NAME OF CEMETERY OR CREMATORY Calvary | 24d. LOCATION (City, town, or county) (State) Columbia Mo. |
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| DATE REC'D BY LOCAL REG. Aug 11 1952 | REGISTRAR'S SIGNATURE Mrs. R.E. Palmer | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stuart R. Parker Columbia Mo. |
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

NOV 28 1961

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 _____

Glenn J. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, Md.

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.