

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27325**
REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **10391**

0124

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Mo. No. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) Route #5	
3. NAME OF DECEASED (Type or Print) a. (First) Nellie		b. (Middle) Virginia	
c. (Last) Scott		4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1952	
5. SEX White / Female	6. COLOR OR RACE Female	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 13, 1885
9. AGE (In years last birthday) 66	IF UNDER 1 YEAR 9 Months 26 Days	IF UNDER 24 HRS. 26 Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Jackson, Miss.		12. COUNTRY OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Dallas Sherman 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.	
17. INFORMANT'S SIGNATURE OR NAME Dallas S. Scott		ADDRESS Poplar Bluff, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma Larynx INTERVAL BETWEEN ONSET AND DEATH 2 years *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 161x	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas. W. Greer, M.D., Surgeon		23b. ADDRESS Poplar Bluff, Mo.	
23c. DATE SIGNED Aug. 23-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-11-52	
24c. NAME OF CEMETERY OR CREMATORY Black Creek Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. Rt. #5	
DATE REC'D BY LOCAL REG. Aug 25 1952		REGISTRAR'S SIGNATURE Wm. H. Johnson	
25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell		ADDRESS Poplar Bluff, Mo.	

RECEIVED
SEP 4 1952
BUTLER CO. HEALTH CENTER
FILE No. 952-438

SEP 8 5 1952

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

Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St. (Butler Bldg.)

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.