

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 141

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) most of 1 year	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	0117
d. FULL NAME OF HOSPITAL OR INSTITUTION 643 Bon Ton		d. STREET ADDRESS (If rural, give location) 643 Bon Ton	

3. NAME OF DECEASED (Type or Print) a. (First) Lois	b. (Middle) Ellen	c. (Last) Scott	4. DATE OF DEATH (Month) (Day) (Year) January 24, 1953
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH February 23, 1887	9. AGE (in years last birthday) 65	# UNDER 1 YEAR Months 6	# UNDER 100 HRS. Days 0	Hours 0	Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Jackson, Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George White	13b. MOTHER'S MAIDEN NAME Margaret Ellen Frye	14. NAME OF HUSBAND OR WIFE Sidney G.
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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. none	17. INFORMANT'S SIGNATURE OR NAME Sidney Scott, 643 Bon Ton, St. Joseph, Mo.	ADDRESS St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition and Macrocytic Anemia		3 years.
	ANTECEDENT CAUSES DUE TO (b) Probable Carcinoma of stomach DUE TO (c) with extension to liver.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension and Arteriolosclerosis.			

19a. DATE OF OPERATION 12-3-51	19b. MAJOR FINDINGS OF OPERATION Space occupying mass on greater curvature of stomach. Path. Muscle tumor, no	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) St. Joseph, Missouri
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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? 157X
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22. I hereby certify that I attended the deceased from **Sept. 9, 1951**, to **Jan 12, 1953**, that I last saw the deceased alive on **Jan. 12, 1953**, and that death occurred at **3:00p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Print or title) Clare B. Higgins M.D.	23b. ADDRESS 1302 Faraon St. St. Joseph, Missouri	23c. DATE SIGNED 1/27/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/26/1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Feb 5, 1953	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Brown Funeral Home	ADDRESS St. Joseph, Mo.
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APR 7 1953

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 Eugene Wood

Licensed Embalmer No. 5804

P. O. Address 319 So 10th, St. Joseph,

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.