

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUL 3 - 1953

State File No. **23578**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canalou 0720	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Box 268	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Jo	b. (Middle) Ann	c. (Last) Scott	4. DATE OF DEATH (Month) (Day) (Year) 6-16-1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH 6-14-1951	9. AGE (In years last birthday) 9	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (City and State or Foreign Country) Canalou, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lawson Scott	13b. MOTHER'S MAIDEN NAME Birley Bohannon	14. NAME OF HUSBAND OR WIFE ----
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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 Lawson Scott Canalou, Mo	ADDRESS
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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 Immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crush Syndrome		
	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.		072	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 8350	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Canalou New Madrid Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 16 53 5A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Child fell off tractor and was run over.
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22. I hereby certify that I attended the deceased from 6-16-1953, to 6-16-1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 3 P. m., from the causes and on the date stated above.

22a. SIGNATURE <i>Walter J. Ferguson</i>	(Degree or title) W.M.	22b. ADDRESS J. P. Patton, Mo	22c. DATE SIGNED 6-16-53.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/20/53	24c. NAME OF CEMETERY OR CREMATORY Matthews Cemetery	24d. LOCATION (City, town, or county) (State) Matthews Mo
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DATE REC'D BY LOCAL REG. 6-23-53	REGISTRAR'S SIGNATURE <i>Mr. C. L. Hunter</i>	5. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. Jones</i>	ADDRESS Director, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 20 1995

RECEIVED
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 659-746

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

John Allerton

Licensed Embalmer No. 2941

P. O. Address *Jefferson*

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.