

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28442

BIRTH NO. REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Fulton	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN West Plains)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Byron	
c. LENGTH OF STAY (in this place) 9 days		d. STREET ADDRESS (If rural, give location) 5030 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stoll's Serg. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Phillip		b. (Middle) Jordon		c. (Last) Scott		4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 18, 1885		9. AGE (In years last birthday) 67 IF UNDER 1 YEAR 7 Months 25 Days IF UNDER 24 HRS. 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Melbourne, Arkansas		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Jehoida Scott		13b. MOTHER'S MAIDEN NAME Mettie Bailey		14. NAME OF HUSBAND OR WIFE Gally Elizabeth 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. Cecil Oliver ADDRESS Salem, Ark.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis		INTERVAL BETWEEN ONSET AND DEATH 7 days
	ANTECEDENT CAUSES Perforated duodenal ulcer		7 days
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic peptic ulcers		5 yrs
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. Senile dementia		1 year	

19a. DATE OF OPERATION 8 5 53		19b. MAJOR FINDINGS OF OPERATION peritonitis Perforated duodenal ulcer with extensive		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 **8 5 53**, 19___, to **8 12 53**, 19___, that I last saw the deceased alive on **8 12 53**, 19___, and that death occurred at **12:20, AM**, the causes and on the date stated above.

23a. SIGNATURE (Name or title) J B Stoll M D		23b. ADDRESS West Plains Mo		23c. DATE SIGNED 9-4-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/14/53		24c. NAME OF CEMETERY OR CREMATORY Byron Cemetery		24d. LOCATION (City, town, or county) (State) Byron Arkansas	
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DATE REC'D BY LOCAL REG. 9-5-53		REGISTRAR'S SIGNATURE Gladys Harmon		25. FUNERAL DIRECTOR'S SIGNATURE Carter Funeral Service ADDRESS Salem, Ark.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Richard Carter*

Licensed Embalmer No. 40576

P. O. Address *Thompson*

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.