

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1725

State File No.

FILED JAN 19 1954

BIRTH NO. ... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN.		c. LENGTH OF STAY (in this place) 10 DAYS		c. CITY OR TOWN JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		e. STREET ADDRESS 526 MICHIGAN		0495 0	

3. NAME OF DECEASED (Type or Print) a. (First) PAULINE			b. (Middle)			c. (Last) SCOTT			4. DATE OF DEATH (Month) (Day) (Year) JAN. 13, 1954				
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 5, 1894			9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.		
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 (City and State or Foreign, Country) JOPLIN, MISSOURI			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME CLARENCE HAGGERMAN			13b. MOTHER'S MAIDEN NAME DAISY TOLLIVER			14. NAME OF HUSBAND OR WIFE NATHANIEL 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 THERION HAGGERMAN, 526 MICHIGAN			ADDRESS		

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.			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia			DUE TO (b) Diabetic coma						4 days		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUE TO (c) Recent acute enteritis						13 days		
									2 wee ks		

19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 5711						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) (m.)			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 Jan. 1, 1954, to Jan. 12, 1954, that I last saw the deceased alive on Jan. 12, 1954, and that death occurred at 1:50A.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Pauline M. Scott</i>			(Degree or title) M.D.			23b. ADDRESS 607 Frisco Bldg., Joplin, Mo.			23c. DATE SIGNED 1-14-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			24b. DATE 1-15-54			24c. NAME OF CEMETERY OR CREMATORY PARKWAY			24d. LOCATION (City, town, or county) (State) JOPLIN, MO.		

DATE REC'D BY LOCAL REG. 1-16-54			REGISTRAR'S SIGNATURE <i>Ed S. James</i>			138-0			25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.			ADDRESS		
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 18 1954

Jasper County Health Office

County File Number 54-1-42

Date Filed JAN 18 1954

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.....
Signature of Student Embalmer

Signed F. M. Jones.....

Licensed Embalmer No. 23

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.