

FILED SEP 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31038

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>4711</u>											
1. PLACE OF DEATH a. COUNTY <u>Cherokee Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u>				b. COUNTY <u>Cherokee</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lowell</u>				c. LENGTH OF STAY (In place) <u>6 hrs</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				d. STREET ADDRESS (If rural, give location)													
3. NAME OF DECEASED (Type or Print) <u>Lee Andy Scott</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15. 1954</u>					
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>			7. <del>MARRIED</del> NEVER MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH <u>Nov. 26. 1886</u>			9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter and Contractor.</u>						10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>America</u>					
13a. FATHER'S NAME <u>ZMott Scott</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>				14. NAME OF HUSBAND OR WIFE <u>Rose Scott.</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Rose Scott.</u>				ADDRESS <u>Lowell, Kansas.</u>					
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, assthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute respiratory failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>decompensating heart</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>  <u>unknown</u>					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION  <u>4343</u>								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) (Min.)				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 <u>Sept. 14</u> <sup>19 54</sup> to <u>Sept. 15</u> , 19 <u>54</u> ; that I last saw the deceased alive on <u>Sept. 15</u> , 19 <u>54</u> and that death occurred at <u>12:41</u> m., from the causes and on the date stated above.																	
23a. SIGNATURE <u>[Signature]</u>						23b. ADDRESS <u>521 W. 4th St. Joplin Mo.</u>			23c. DATE SIGNED <u>9-20-54</u>								
24a. BURIAL-CREMATATION, REMOVAL (Specify) <u>removal</u>			24b. DATE <u>9-15-1954</u>			24c. NAME OF CEMETERY OR CREMATORY <u>G. A. R.</u>			24d. LOCATION (City, town, or county) (State) <u>Miami, Okla.</u>								
DATE REC'D BY LOCAL REG. <u>9-24-54</u>			REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>			ADDRESS <u>[Address]</u>								

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 27 1954  
Jasper County Health Office  
County File Number 54-9-809  
Date Filed SEP 27 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Herschel M Miller

Signed.....  
Student Embalmer

Licensed Embalmer No. 1078

P. O. Address Box 205 Puck

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.