

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3558

State File No. ....

FILED FEB 8 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 211

1. PLACE OF DEATH

a. COUNTY Saline

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall

c. LENGTH OF STAY (In this place) 4 months

d. FULL NAME OF HOSPITAL OR INSTITUTION Putnam Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Saline

c. CITY OR TOWN Rural, Napton

d. Is Residence within limits of a city or incorporated town? Yes  No

e. STREET ADDRESS (If rural, give location) 10 miles east Marshall

3. NAME OF DECEASED

a. (First) Joel b. (Middle) Bowers c. (Last) Scott

4. DATE OF DEATH (Month) (Day) (Year) Feb. 2nd, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH April 28, 1867 9. AGE (In years last birthday) 87 9 Months 4 Days 9 Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joel Scott 13b. MOTHER'S MAIDEN NAME Nannie Townsend 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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 T.W. Harvey, Malta Bend, Mo. R.I ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Progressive Paralysis

ANTECEDENT CAUSES Senility

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.

INTERVAL BETWEEN ONSET AND DEATH 1 yr.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 3560

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Sept-16-, 1954, to 2-1-, 1955, that I last saw the deceased alive on Feb-1-, 1955, and that death occurred at 5-17A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Putnam M.D. 23b. ADDRESS Marshall Mo. 23c. DATE SIGNED Feb. 3-1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 4, 1955 24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery 24d. LOCATION (City, town, or county) (State) Marshall, Missouri

DATE REC'D BY LOCAL REG. Feb. 3-55 REGISTRAR'S SIGNATURE Coal D. Neal 385-0 Deputy 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Lewis Marshall, Mo.

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

972

8 1177

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 *R.W. Campbell*

Licensed Embalmer No. *346*

P. O. Address *Marshall*

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.