

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15976

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>CRAWFORD</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SULLIVAN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SULLIVAN</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>325 S. PARK</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>114 N. CLARK</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>DANIEL</b>	b. (Middle) <b>WALTER</b>	c. (Last) <b>SCOTT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 25 1956</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>DEC 11, 1946</b>	9. AGE (In years last birthday) <b>9</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>17</b>	IF UNDER 24 HRS. Hours <b>5</b> Min. <b>17</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHILD</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>SULLIVAN, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WALTER H. SCOTT</b>	13b. MOTHER'S MAIDEN NAME <b>ROBERTA J. ARMSTRONG</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>WALTER SCOTT SULLIVAN, MO</b>	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, asphyxia, 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) <b>Due to strangulation when</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>he accidentally got tangled</b> DUE TO (c) <b>up in binder Iwime one</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>door track as he fell 10 to 12</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>feet when boxes he was on turned over</b>	19c. CITY, TOWN, OR TOWNSHIP <b>SULLIVAN</b> (COUNTY) <b>FRANKLIN</b> (STATE) <b>MO</b>	19d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at door</b>	21c. CITY, TOWN, OR TOWNSHIP <b>SULLIVAN</b> (COUNTY) <b>FRANKLIN</b> (STATE) <b>MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 25 1956</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Boxes fell over that he was on</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ernest L. Ottensmeyer</b>	23b. ADDRESS <b>Herald, Mo.</b>	23c. DATE SIGNED <b>May 25 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 27 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>E.O.O.F. MEMORIAL</b>	24d. LOCATION (City, town, or county) (State) <b>SULLIVAN, MO</b>
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DATE REC'D BY LOCAL REG. <b>5/27/56</b>	REGISTRAR'S SIGNATURE <b>Thomas A. Humphrey</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. W. ...</b>	ADDRESS <b>Sullivan, Mo</b>
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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 *J. A. Humphrey* .....

Licensed Embalmer No. *4772* .....

P. O. Address *Sullivan* .....

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.