

19763

## STANDARD CERTIFICATE OF DEATH

State File No. ....

XC-182 64 46  
REG.# 11713  
FILED JUN 21 1956

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 327

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PEMISCOT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR BLUFF</b>		c. LENGTH OF STAY (In this place) <b>13 days</b>	c. CITY OR TOWN <b>HAYTI</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MILAS</b>		b. (Middle) <b>(NMI)</b>	c. (Last) <b>SCOTT</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 2, 1956</b>		5. SEX <b>MALE</b>	
6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>JUNE 7, 1886</b>		9. AGE (In years last birthday) <b>69</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AGRICULTURE</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>DARDANELLE, ARKANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>HENRY SCOTT</b>		13b. MOTHER'S MAIDEN NAME <b>MARY KAMACK</b>	
14. NAME OF HUSBAND OR WIFE <b>LULA SCOTT</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>	
16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphocytic chorio meningitis</b> ANTECEDENT CAUSES 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>NO</b> 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) <b>VA</b>		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 <b>May 20, 1956</b> , to <b>June 2, 1956</b> , and that death occurred at <b>4:10A m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>E. S. Baskett</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VA HOSPITAL POPLAR BLUFF, MISSOURI</b>	
23c. DATE SIGNED <b>6-4-56</b>		24. LOCATION (City, town, or county) (State) <b>Wardell, Mo.</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-4-56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Homestown</b>		24d. LOCATION (City, town, or county) (State) <b>Wardell, Mo.</b>	
DATE REC'D BY LOCAL REG <b>6/6/56</b>		REGISTRAR'S SIGNATURE <b>R. H. Muecke</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Osburn Funeral Home, Wardell, Mo.</b>		ADDRESS <b>Osburn Funeral Home, Wardell, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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0.48

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RECEIVED  
JUN 11 1956

JUN 11 1956  
CIVIL

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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**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 *James A. DePue*  
Licensed Embalmer No. 418

P. O. Address *Wardell*

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.