

FILED AUG 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23265
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>51 Mos</u>		c. CITY OR TOWN <u>Kennett</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial Hospital 501 N. Vandeventer</u>				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert L.</u>		b. (Middle) _____		c. (Last) <u>Scott</u>	
4. DATE OF DEATH		(Month) _____ (Day) _____ (Year) <u>July 22-1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 2-1871</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Days <u>1</u> IF UNDER 24 HRS. Hours <u>20</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bardwell, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Corbush</u>		14. NAME OF HUSBAND OR WIFE <u>Nattie Scott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Scott</u> ADDRESS <u>Kennett, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinsonism</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerosis Generalized</u>	
		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? 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) <u>350X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 28, 1955</u> to <u>July 22, 1956</u> , that I last saw the deceased alive on <u>July 22, 1956</u> , and that death occurred at <u>12:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George P. Hamner MD</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>7/23/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 23-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-24-56</u>		REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>		EMERALD DIRECTOR'S SIGNATURE <u>Gene Service</u>		ADDRESS <u>Kennett, Mo</u>	

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

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RECEIVED DUNKLIN COUNTY HE

DEPARTMENT 8-13-8

COUNTY FILE NUMBER 852-

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 Edgar Lee Ford

Licensed Embalmer No 443

P. O. Address Kennett

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.