

No. 300
10.48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24635**

FILED AUG 8 - 1956

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **108**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA		c. CITY OR TOWN LOUISIANA	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) LIFE		e. STREET ADDRESS (If rural, give location) 116 No. 8TH ST. 082/0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION PIKE COUNTY HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) ERNEST	b. (Middle) MARTIN	c. (Last) SCOTT	4. DATE OF DEATH (Month) (Day) (Year) AUG 3, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 11, 1884	9. AGE (In years last birthday) 70	If UNDER 1 YEAR Months _____ Days _____	If UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOLL COLLECTOR	10b. KIND OF BUSINESS OR INDUSTRY BRIDGE	11. BIRTHPLACE (City and State or Foreign Country) PIKE COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME EDWARD MARTIN SCOTT	13b. MOTHER'S MAIDEN NAME ETHEL DEE GOOCH	14. NAME OF HUSBAND OR WIFE ORLENA UNSELL SCOTT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 490-05-3247	17. INFORMANT'S SIGNATURE OR NAME ORLENA U. SCOTT	ADDRESS LOUISIANA, MO.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Secondary Anemia from		INTERVAL BETWEEN ONSET AND DEATH 3 days 11 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe Gastrointestinal Hemorrhage		
	DUE TO (c) Lymphatic Leukemia		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7-24-1956**, to **8-3-1956**, that I last saw the deceased alive on **8-3-1956** and that death occurred at **8:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert L. Ludrue M.D.	(Degree or title)	23b. ADDRESS Louisiana Mo.	23c. DATE SIGNED 8-3-56
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	24b. DATE AUG 5, 1956	24c. NAME OF CEMETERY OR CREMATORY BUFFALO CEMETERY	24d. LOCATION (City, town, or county) (State) LOUISIANA, MO
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DATE REC'D BY LOCAL REG. Aug 4, 1956	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE Geo. M. Collier	ADDRESS Louisiana Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

374
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1 AUG 29 1958

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 *Geo. M. Callie*.....

Licensed Embalmer No. *383*.....

P. O. Address *Louisiana*.....

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.