

FILED SEP 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. **25888**

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>5014</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <b>Andrew</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural: E Jefferson</b>		c. LENGTH OF STAY (in this place) <b>life</b>		f. CITY OR TOWN <b>St Joseph</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <b>Rt 3</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Carole</b>			b. (Middle) <b>Vivian</b>			c. (Last) <b>Scott</b>	
4. DATE OF DEATH <b>August 28, 1956</b>		4. DATE (Month) (Day) (Year)		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>July 18, 1949</b>		9. AGE (in years last birthday) <b>7 yrs.</b>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jack Scott</b>		13b. MOTHER'S MAIDEN NAME <b>Edna Knudson</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jack Scott</b> ADDRESS <b>RR #3 St. Joseph, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suffocation</b>		ANTECEDENT CAUSES				DUE TO (b) <b>Drowning</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				9291	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION		42		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>R.F.D. #3, St. Joseph, Mo. Andrew Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug. 28 1956 5:45 pm</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Waded into water over head in farm pond.</b>			
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 <b>5:45 pm</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. Maxwell D. Lorman</b>				23b. ADDRESS <b>307 W. Main Savannah Mo.</b>		23c. DATE SIGNED <b>8/30/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8/31/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-31-56</b>		REGISTRAR'S SIGNATURE <b>Lillian Sparks</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Weston-Bowman</b> ADDRESS <b>St Joseph, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

2-0

Copied from [unclear]

10/10/10

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.....  
*William Spelling*

Licensed Embalmer No. 4535.....

P. O. Address 3195 11th St. N. Jax

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.