

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26275**

FILED AUG 27 1956

BIRTH NO. _____ REG. DIST. NO. **57** PRIMARY REG. DIST. NO. **4083** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Dewitt)		c. CITY OR TOWN Dewitt	d. Is 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) 35yrs		e. STREET ADDRESS (If rural, give location) 0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION Inliller V. Homatt			

3. NAME OF DECEASED (Type or Print)	a. (First) Lillie	b. (Middle) V.	c. (Last) Scott	4. DATE OF DEATH (Month) (Day) (Year) Aug. 15 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 8, 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 8 Days 7	IF UNDER 14 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator	10b. KIND OF BUSINESS OR INDUSTRY Telephone Exc.	11. BIRTHPLACE (City and State or Foreign Country) Saline County	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Casebolt	13b. MOTHER'S MAIDEN NAME Miss Skidmore	14. NAME OF HUSBAND William Scott
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME William Scott	ADDRESS Dewitt Missouri.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidermoid Carcinoma of Gallbladder		INTERVAL BETWEEN ONSET AND DEATH about 2 1/2 years
	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 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION 7-12-1955	19b. MAJOR FINDINGS OF OPERATION Epidermoid Carcinoma, grade II, Gallbladder 155x	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) (m.)	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 **July**, 19**55**, to **8-15**, 19**56**, that I last saw the deceased alive on **8-14**, 19**56**, and that death occurred at **6:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Sullivan	23b. ADDRESS M.D. Miami, Mo.	23c. DATE SIGNED 8-15-1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-18-56	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	24d. LOCATION (City, town, or county) (State) Dewitt Mo.
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DATE REC'D BY LOCAL REG. 8-20-1956	REGISTRAR'S SIGNATURE Pearl Koch	25. FUNERAL DIRECTOR'S SIGNATURE Marshall E. Home	ADDRESS (Carrollton Mo.)
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

470

1961 8 708

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 *P. M. Marshall*.....

Licensed Embalmer No. *2525*

P. O. Address *Cornellton*.....

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.