

FILED NOV 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. 40291

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 3074 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give town) Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston	
c. LENGTH OF STAY (In this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) 221 Young St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 221 Young St.			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Wesley c. (Last) Scott			4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1956
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 18, 1900
9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unk.	13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Emmer Scott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. W.W. II. 498-16-5999	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jennie Cathy, 221 Young, Sikeston, Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 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.		INTERVAL BETWEEN ONSET AND DEATH 0
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)	4201
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 first call, at STAR Death , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:45 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Melba C. Buckthorpe, M.D. Health Officer		23b. ADDRESS Benton, Mo	23c. DATE SIGNED 11-8-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 8, 1956	24c. NAME OF CEMETERY OR CREMATORY Local (National)	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. 11-9-56	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. F. J. Sparks Charleston, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

429
3

DATE RECEIVED NOV 13 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1156-237

NOV 13 1956
10:58 AM

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
Student Embalmer

Signed Tris S. Mansbary

Licensed Embalmer No. 11601

P. O. Address Spokane, Mo.

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 this body is not embalmed, fact should be so stated above.