

FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

40784

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 335

|   |                                  |   |  |   |  |   |   |
|---|----------------------------------|---|--|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CALLAWAY</u>  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u> |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>FULTON, MISSOURI</u>   |                                  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                    | c. CITY<br>OR<br>TOWN <u>BEAMAN</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>STATE HOSPITAL #1</u>  |                                  |   | Length of stay in lb<br><u>11 YRS</u>  | d. STREET<br>ADDRESS (If outside, give location)  |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |
| 3. NAME OF DECEASED (Type or print)<br>First <u>WILLINE</u> Middle <u></u> Last <u>SCOTT</u>  |                                  |   |  | 4. DATE OF DEATH<br>Month <u>12</u> Day <u>21</u> Year <u>56</u>  |  |   |   |
| 5. SEX<br><u>FEMALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>6-22-1900</u>  |  | 9. AGE (In years last birthday)<br><u>56</u>                              | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWORK</u>   |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>   | 11. BIRTHPLACE (City and state or country)<br><u>PETTIS COUNTY, MO.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                |   |
| 13. FATHER'S NAME<br><u>WILLIAM R. SCOTT</u>  |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>IDA HAY</u>  |  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |                                  |   | 16. SOCIAL SECURITY NO.<br><u>None</u>   | 17. INFORMANT<br>Address<br><u>STATE HOSPITAL #1, FULTON, MISSOURI</u>  |  |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE: (a) <u>PITUITARY GLAND TUMOR</u>  |                                  |   |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b)                       | DUE TO (c)  |  |   |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)  |                                  |   |  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |  |   |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m.<br>p. m.  |                                  |   |  |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY  | STATE   |
| 21. <del>DEATH OCCURRED AT</del> <u>STATE HOSPITAL #1</u> <u>3-23-45</u> to <u>12-21-56</u> <del>at the residence of</del><br>Death occurred at <u>4:00 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>T. D. MC CARTHY, M.D.</u>  |                                  |   |  | 22b. ADDRESS<br><u>STATE HOSPITAL #1, FULTON, MO.</u>   |  | 22c. DATE SIGNED<br><u>12-21-56</u>                                       |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>12-23-1956</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Miller Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Pettis Co., Mo.</u>   |  |   |   |
| 24. FUNERAL DIRECTOR<br><u>D. W. Heckart, Sedalia, Mo.</u>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><u>Dec. 21-1956</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Maretha Lawrence</u> |   |   |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Russell C. Maa

Licensed Embalmer No. 48

P. O. Address Sedalia,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ( - 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.