

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 018117  
STATE & COUNTY NUMBER

Dr. Cooke  
FILED MAY 29 1957

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 53

|  |                               |   |   |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pennsacot</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pennsacot</u>                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Little Prairie</u>  |                               | c. CITY OR TOWN <u>0760</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>  |                               | d. STREET ADDRESS (If outside, give location) <u>West of Courthouse</u> Residence Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>GEORGE</u> Middle <u>SCOTT</u> Last <u>SCOTT</u>   |                               | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>12</u> Year <u>1957</u>   |   |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>negro</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>April 9 - about 79 or 80</u>                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired)<br><u>Laborer</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>-</u>   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                           |
| 13. FATHER'S NAME<br><u>unknown</u>  |                               | 14. MOTHER'S MAIDEN NAME<br><u>unknown</u>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service)<br><u>No</u>  |                               | 17. INFORMANT<br><u>Mrs. Floyd Welke, Courthouse</u> Address  |   |
| 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>Carcinoma of stomach</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) |                               | INTERVIEW OF DEATH<br><u>with H.P. 1</u>  |   |
| 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. _____ p. m. _____  |                               |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <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. I attended the deceased from <u>Jan 10 1957</u> to <u>12 May 1957</u> and last saw <u>him</u> alive on <u>12 May 1957</u> .<br>Death occurred at <u>3 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                               |   |   |
| 22a. SIGNATURE<br><u>F. Cooke MD</u> (Doctor or title)   |                               | 22b. ADDRESS<br><u>Courthouse, Mo 67114</u>   |   |
| 22c. DATE SIGNED   |                               |   |   |
| 23. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE<br><u>May-13-57</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Wrayan Budge</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Courthouse, Mo.</u> |
| 24. FUNERAL DIRECTOR<br><u>Noel C. Dean</u> ADDRESS<br><u>Courthouse, Mo</u>   |                               | 25. DATE RECEIVED BY LOCAL REG.<br><u>May 18, 1957</u>  |   |
|  |                               | 26. REGISTRAR'S SIGNATURE<br><u>Jessie B. Welke</u>   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

5-721-57

MAY 27 1957

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 *Nal C Dean* .....

Licensed Embalmer No. *39*

P. O. Address *Caruthersville*

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