

Health,
& Welfare
Public
Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45334

STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 142

1. PLACE OF DEATH a. COUNTY Pike			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Pike		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pittsfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co. Hospital		Length of stay in 1b 7 weeks	d. STREET ADDRESS 6		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MYRTLE Middle BELL Last SCRANTON			4. DATE OF DEATH Month Day Year DEC. 20, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 10, 1902		9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beauty Operator		10b. KIND OF BUSINESS OR INDUSTRY Beauty Operator	11. BIRTHPLACE (City and state or country) Pike Co., Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Joseph Monroe Scranton			14. MOTHER'S MAIDEN NAME Ollie Mae Buchanan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mrs. Freda Patton, Louisiana, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of liver with metastasis to lungs</i> 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) _____					INTERVAL BETWEEN ONSET AND DEATH 3 weeks
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 Hour Month, Day, Year 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 <i>11-3-57</i> to <i>12-20-57</i> and last saw <i>her</i> alive on <i>12-20-57</i> Death occurred at <i>11:48</i> A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Chas. H. Jewellen M.D.</i>		22b. ADDRESS <i>Louisiana, Missouri</i>		22c. DATE SIGNED <i>12/20/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE <i>12/20/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Hill Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Pleasant Hill Ill.</i>
24. FUNERAL DIRECTOR <i>Sterne Funeral Home, Louisiana, Mo.</i>		ADDRESS		DATE RECD. BY LOCAL REG. <i>Dec 20, 1957</i> REGISTRAR'S SIGNATURE <i>Bernice Collier</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Virginia M. Sterne*.....
Licensed Embalmer No. *464*

P. O. Address *Louisiana*

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.