

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014159

FILED MAY 15 1959

Registration District No. 215 Primary Registration District No. 4327 STATE FILE NUMBER 15
Registrar's No.

00
-57

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iberia,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Iberia, 0660
c. FULL NAME OF (LE NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Rosa Middle Lee Last Scott			4. DATE OF DEATH Month 5 Day 12 Year 59		
--	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 5, 1873	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
-------------------------	----------------------------------	--	--	--	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Pulaski Co. Mo	12. CITIZEN OF WHAT COUNTRY? US
---	-----------------------------------	---	---

13a. FATHER'S NAME Issac Teeple	13b. MOTHER'S MAIDEN NAME Nancy	14. NAME OF HUSBAND OR WIFE Wm Henry Scott
---	---	--

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. None	17. INFORMANT Pat Davis Address Iberia, 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) Carcinoma of the Stomach		INTERVAL BETWEEN ONSET AND DEATH 6 months
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 (a) 151X		

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 _____ a.m. _____ 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 Iberia Mo	COUNTY _____ STATE _____
---	---	--	--	--------------------------

21. I attended the deceased from 1955 to 5/11/59 and last saw her ^{him} alive on 5/11/59 . Death occurred at 1:30 m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE Wm. A. Gould D.O. (Degree or title)	22b. ADDRESS Iberia Mo	22c. DATE SIGNED 5/12/59
--	----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REBURYAL (Specify) burial	23b. DATE 5/13/59	23c. NAME OF CEMETERY OR CREMATORY Seaton	23d. LOCATION (City, town, or county) (State) Dixon, Mo
---	-----------------------------	---	---

24. FUNERAL DIRECTOR'S ADDRESS Hedges Funeral Homes Inc Iberia, Mo	25. DATE RECD. BY LOCAL REG. MAY-12 1959	26. REGISTRAR'S SIGNATURE Jeanie Perkins
--	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part 1 must be causally related.

5.
0

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 *Walter P. Neepes*
Licensed Embalmer No. *4265*
P. O. Address *Heron, Ma*

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.