

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020408

STATE FILE NUMBER

Registration District No. 3006

Primary Registration District No. 3006 Registrar's No. 302

MAILED

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>10 Days</u>		c. CITY OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ellis Fischer State Cancer Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>310 W. 9th St.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED First Middle Last <u>Harvey Scott</u>						4. DATE OF DEATH Month Day Year <u>July 9 1959</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>N</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>March 7-93</u>		9. AGE (last birthday) <u>66 Years</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Painter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Guthrie, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Grand Scott</u>				13b. MOTHER'S MAIDEN NAME <u>Tressie Whitler</u>				14. NAME OF HUSBAND OR WIFE <u>(Sep.) Lura Scott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT Address <u>Hospital Records - Highway 40, Columbia</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
DUE TO (b) <u>Carcinoma - esophagus</u>								<u>4 mos</u>			
DUE TO (c) _____								_____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)											
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour a.m. p.m. Month, Day, Year		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>6-29-59</u> to <u>7-10-59</u> and last saw ^{her} him alive on <u>7-10-59</u> Death occurred at <u>550 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>					22b. ADDRESS <u>State Cancer Hosp.</u>				22c. DATE SIGNED <u>7-10-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		23b. DATE <u>7-10-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fulton Callaway Co. Mo.</u>			23d. LOCATION (City, town, or county) (State) <u>Fulton Callaway Co. Mo.</u>				
24. FUNERAL DIRECTOR ADDRESS <u>[Signature], Fulton, Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>July 10 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 George H. Green

Licensed Embalmer No. 4320

P. O. Address Duluth, Ga.

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.