

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 25 1960

=60-019939
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. — Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Laclede			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lynchburg		Length of stay in 1b 40 yrs.	c. CITY OR TOWN Lynchburg		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. E. Lynchburg			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 mi. E. of Lynchburg		
3. NAME OF DECEASED (Type or print) First GUY Middle SCOTT Last SCOTT			4. DATE OF DEATH Month May Day 12 Year 1960			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-23-99	9. AGE (last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Laclede Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Allen Scott		13b. MOTHER'S MAIDEN NAME Boren		14. NAME OF HUSBAND OR WIFE May 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. 500122076	17. INFORMANT Address Mrs. May Scott, Lynchburg, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Superior vena cava syndrome with bilateral pulmonary congestion				2 mo.	
DUE TO (b) Bronchogenic carcinoma right lung with invasion of mediastinum and metastasis to the left lung.				10 mo.	
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 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 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 8/3/59 to 5/12/60 and last saw ^{him} her alive on 5/3/60 Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>John W. Pike, M.D.</i>			22b. ADDRESS 315 Prof. Bldg. Springfield, Mo.		22c. DATE SIGNED 5/16/60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-15-60	23c. NAME OF CEMETERY OR CREMATORY Pine Creek		23d. LOCATION (City, town, or county) (State) Laclede Co., Missouri	
24. FUNERAL DIRECTOR ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 5-17-1960		26. REGISTRAR'S SIGNATURE <i>Hella S. May</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 26 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Bill M. Abbott, Student Embalmer No. PERMIT 5

working under my personal supervision.

Student Beie M. Abbott
Signature of Student Embalmer

Signed Gene B. Hunter

Licensed Embalmer No. 4739

P. O. Address Springfield

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.