

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027863

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1811

FILED JUL 19 1961

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FLORISSANT</u>		c. CITY OR TOWN <u>FLORISSANT</u>	
Length of stay in 1b <u>4 1/2 YEARS</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>705 FLORLAND DRIVE</u>		d. STREET ADDRESS (If outside, give location) <u>705 FLORLAND DRIVE</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>MARGARET W. SCOTT.</u>			4. DATE OF DEATH Month Day Year <u>JUNE 28 1961</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>MAR 17 1906</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OFFICE CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AIR CRAFT. MFG.</u>		11. BIRTHPLACE (City and state or country) <u>TROY, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>THOMAS E. WARD</u>		13b. MOTHER'S MAIDEN NAME <u>CLEDA HAGLER.</u>		14. NAME OF HUSBAND OR WIFE <u>DIVORCED</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NONE</u>		17. INFORMANT <u>Mrs Henry Hagler</u>		Address <u>705 FLORLAND DR. FLORISSANT, MO</u>	
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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>Cancer of Cervix</u>			INTERVAL BETWEEN ONSET AND DEATH
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input 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 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.) <u>6-28-61</u>	20f. CITY, TOWN, OR LOCATION <u>St Louis</u>	COUNTY	STATE
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21. I attended the deceased from at 22.1957 to 4-20-61 and last saw her/him alive on 4-24-61
Death occurred at 10:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Edmund Sweet Jr. M.D.</u>	22b. ADDRESS <u>3720 Washington St Louis Mo</u>	22c. DATE SIGNED <u>6/29/61</u>
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23a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>	23b. DATE <u>July 1 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HAGLER</u>	23d. LOCATION (City, town, or county) <u>Jarvis Twp. MADISON, CO. ILL.</u>
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24. FUNERAL DIRECTOR <u>Quell S. Edwards</u>	ADDRESS <u>Troy, Illinois</u>	25. DATE RECD. BY LOCAL REG. <u>6-29-61</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 _____

Daniel J. Edwards

Licensed Embalmer No. 3548

P. O. Address Tray, Ill

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.