

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-006236

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 311

FILED MAR 1 1962

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | c. CITY OR TOWN Springfield | |
| Length of stay in 1b 8 years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital | | d. STREET ADDRESS (If outside, give location) 500 E. Sunshine | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First MABEL Middle EDNA Last SCOTT | | | 4. DATE OF DEATH Month Feb. Day 22 Year 1962 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/24/1889 | 9. AGE (last birthday) 72 | IF UNDER 1 YEAR Months 72 Days 0 Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Homemaking | 11. BIRTHPLACE (City and state or country) Pittsburg, Kansas | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Alex Williamson | 13b. MOTHER'S MAIDEN NAME Susan Lambeth | 14. NAME OF HUSBAND OR WIFE Frank A. Scott |
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| 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 Springfield, Missouri. Mrs. Don Sothern, 500 E. Sunshine, |
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| 18. CAUSE OF DEATH (Enter only one cause per line if more than one. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Carcinoma of pancreas | | INTERVAL BETWEEN ONSET AND DEATH Sev. mos. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| 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 |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ |
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| 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 Springfield, Mo | COUNTY Greene | STATE Missouri |
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| 21. I attended the deceased from 1958 to 2-22-62 and last saw her alive on 2-22-62 Death occurred at 3:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE S Blumery MD (Degree or title) | 22b. ADDRESS Springfield, Mo | 22c. DATE SIGNED 2-24-62 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 2/22/1962 | 23c. NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery | 23d. LOCATION (City, town, or county) (State) Pittsburg, Kansas. |
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| 24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave. ADDRESS | 25. DATE RECD. BY LOCAL REG. 2-27-62 | 26. REGISTRAR'S SIGNATURE Effie S. Melton |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

MAR 1 1962

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 Harold Luttrell

Licensed Embalmer No. 5079

P. O. Address Spfld., Mo.

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.