

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027786

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 5701 Registrar's No. 165

FILED AUG 13 1962

VS 300
Rev. 4/59

10590

28260

3

4 2

5 0

6

7 1

8 2

9 X

10

11 059

12 91-3

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Livingston</u>		a. STATE <u>Nebraska</u> COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Green Township</u>		c. CITY OR TOWN <u>Omaha</u>	
Length of stay in lb <u>30 min.</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>US Highway #36</u>		d. STREET ADDRESS (If outside, give location) <u>1802 Binney</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last			4. DATE OF DEATH Month Day Year
<u>Lorenzie Scott</u>			<u>Aug. 3, 1962</u>
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
<u>Male</u>	<u>Negro</u>		<u>5/7/62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
<u>XX</u>		<u>XX</u>	<u>Omaha, Neb.</u>
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
<u>Freddie Scott</u>		<u>Ora Lee Scott</u>	<u>XX</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address
<u>No</u>		<u>XX</u>	<u>Freddie Scott, Omaha, Neb.</u>
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) <u>Respiratory Arrest</u>			<u>Immed.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Countre Coupe Concussion</u>			<u>Immed.</u>
DUE TO (c) <u>Severe head blow</u>			<u>Immed.</u>
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 checked="" 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.)	
		<u>Automobile Accident</u>	
20c. TIME OF INJURY Hour <u>11:00</u> a.m. p.m.		Month, Day, Year <u>8-3-62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
		<u>Highway 36</u>	<u>6 miles West Chillicothe Livingston, Mo.</u>
21. I attended the deceased from <u>never</u> to _____ and last saw her/him alive on _____			
Death occurred at <u>11 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)		22b. ADDRESS	22c. DATE SIGNED
<u>J.B. Webber D.O. Coroner</u>		<u>901 Jackson Chillicothe Mo.</u>	<u>8-4-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Removal</u>	<u>8/4/62</u>	<u>Thomas Funeral Home</u>	<u>Omaha, Neb.</u>
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Wendell Thomas, Omaha, Neb.</u>		<u>Aug 4, 1962</u>	<u>Annalee Taylor</u>

OCT 31 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 Richard W. Bandall

Licensed Embalmer No. 4866
P. O. Address Chillicothe, 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.