

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044674
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 273

FILED DEC 11 1963

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Livingston		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 59 years		c. CITY OR TOWN Chillicothe Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 803 Williams Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 803 Williams Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last IRA OTTO SCOTT			4. DATE OF DEATH Month Day Year December 7, 1963		
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 8-6-1904	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days 11 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glove Maker		10b. KIND OF BUSINESS OR INDUSTRY Boss Mfg. Corp.		11. BIRTHPLACE (City and state or country) Chillicothe, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Seth Scott			
13b. MOTHER'S MAIDEN NAME Drucilla Cleveland		14. NAME OF HUSBAND OR WIFE Liddie Simpson			
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. <input type="checkbox"/>		
17. INFORMANT Mrs. Ira Scott; Chillicothe, Mo.			18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia - Bronchial - Terminal DUE TO (b) _____ DUE TO (c) Carcinoma of left lung, removed May 1963 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 INTERVAL BETWEEN ONSET AND DEATH 2 days		
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 Nov. 1953 to Dec. 7, 1963 and last saw him ^{not} alive on Dec. 7, 1963 Death occurred at twelve fifty a. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Joseph Conover</i> M.D.			22b. ADDRESS 511 Elm St., Chillicothe, Mo.		22c. DATE SIGNED 12/9/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-9-63	23c. NAME OF CEMETERY OR CREMATORY Wheeling		23d. LOCATION (City, town, or county) (State) Wheeling, Missouri
24. FUNERAL DIRECTOR Norman Funeral Home Chillicothe, Missouri			25. DATE RECD. BY LOCAL REG. Dec. 9, 1963		26. REGISTRAR'S SIGNATURE <i>Annalis Taylor</i>

DO NOT WRITE ON THIS STUB
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 DATE AMENDED
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

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 Elton Norman

Licensed Embalmer No. 4036

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.

Conrad