

FILED JAN 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44094

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>5790</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Mississippi</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Wolf Island</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Miss.</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wolf Island</u>		d. STREET ADDRESS (If rural, give location) <u>067</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>TERRY</u>	b. (Middle) <u>EARL</u>	c. (Last) <u>SCOTT</u>	(Month) <u>Dec.</u>	(Day) <u>25</u>	(Year) <u>1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>May 6, 1946</u>		9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Wolf Island, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lyle Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lyle Scott - Wolf Island, Mo.</u>			
15. ADDRESS _____							
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACCIDENTAL DROWNING</u>							
INTERVAL BETWEEN ONSET AND DEATH _____							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS <u>end some 15 minutes later.</u>							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		E 9298-42		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public place</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>East Prairie, Mississippi Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 25, 1951 12:41 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in water filled ditch 067</u>			
22. I hereby certify that I attended the deceased from <u>AS CORONER ONLY</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>CORONER</u>		23b. ADDRESS <u>Charleston, Missouri</u>		23c. DATE SIGNED <u>12/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 27 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-12-52</u>		REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wain Thelby</u> ADDRESS <u>East Prairie</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 17 REC'

Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed JAN 18 1952

**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 .....  
Student Embalmer

Signed

*Travis Shelby*

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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 this body is not embalmed, fact should be so stated above.