

7821

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10-48

FILED MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. 79 PRIMARY REG. DIST. NO. 306 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY Cole

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).
a. STATE Missouri b. COUNTY Camdenton

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City c. LENGTH OF STAY (In this place) 1 WK

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Linn Creek Gen. Del. 0150

d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's Hospital

d. STREET ADDRESS (If rural, give location) Gen Del. 1 mile West.

3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) Florence c. (Last) Irwin Scott

4. DATE OF DEATH (Month) (Day) (Year) March 12, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 1, 1877

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min. 75 1 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own

11. BIRTHPLACE (State or foreign country) Linn Creek, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel Davis

13b. MOTHER'S MAIDEN NAME Unknown.

14. NAME OF HUSBAND OR WIFE Walter Scott

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'S SIGNATURE OR NAME ADDRESS John W. Irwin Linn Creek, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforated gall bladder
DUE TO (c) Intestinal obstruction
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
9 days
9 days
9 days

19a. DATE OF OPERATION 3/11/52

19b. MAJOR FINDINGS OF OPERATION Perforated gall bladder + peritonitis + intest obstruction

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 586X

22. I hereby certify that I attended the deceased from 3/6, 1952, to 3/12, 1952, that I last saw the deceased alive on 3/12, 1952, and that death occurred at 10:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE J. T. Canagawa (Degree or title) M.D.

23b. ADDRESS 1 Dallmeyer Bldg

23c. DATE SIGNED 3/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar. 14, 1952

24c. NAME OF CEMETERY OR CREMATORY Linn Creek Cemetery

24d. LOCATION (City, town, or county) (State) Linn Creek, Missouri

DATE REC'D BY LOCAL REG. March 13-52

REGISTRAR'S SIGNATURE R. P. Norris M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Buescher Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Victor Buschka*

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.