

# STANDARD CERTIFICATE OF DEATH

State File No. **20004**

FILED JUN 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **106** PRIMARY REG. DIST. NO. **4178** Registrar's No. **7**

0350  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Holcomb</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Holcomb</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City</b>			

3. NAME OF DECEASED a. (First) <b>AMOS</b>	b. (Middle)	c. (Last) <b>SCOTT</b>	4. DATE OF DEATH (Month) <b>MAY</b> (Day) <b>21</b> (Year) <b>1952</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>single</b>	8. DATE OF BIRTH <b>Dec. 24, 1898</b>	9. AGE (In years last birthday) <b>53</b>	10. MONTHS <b>4</b>	11. DAYS <b>27</b>	12. HOURS <b>0</b>	13. MIN. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Holcomb, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>William Scott</b>	13b. MOTHER'S MAIDEN NAME <b>Almeda Cunningham</b>	14. NAME OF HUSBAND OR WIFE <b>----</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jennie Price, Holcomb, Missouri</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Respiratory Paralysis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Took 12 tablets of morphine 10cc each with succ =</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) <b>card. infarct.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>E9702</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <b>Holcomb</b> (STATE) <b>Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7/21**, 19**52**, to **7/21**, 19**52**, that I last saw the deceased alive on **7/22**, 19**52**, and that death occurred at **12:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. K. J. Rutledge, M.D.</b>	23b. ADDRESS <b>Campbell, Mo.</b>	23c. DATE SIGNED <b>7/22/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 22, 1952</b>	24c. NAME OF CEMETERY OR CREMATOR <b>Pine City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Holcomb, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-31-52</b>	REGISTRAR'S SIGNATURE <b>J. Anderson 89</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess</b>	ADDRESS <b>Funeral Home Campbell, Mo</b>
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 6-10-52

COUNTY FILE NUMBER 652-149

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**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

*Christina M. Landers*

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.