

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7117**

FILED FEB 26 1953

BIRTH NO. _____		REG. DIST. NO. 278	PRIMARY REG. DIST. NO. 3054	Registrar's No. 27
1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY PIKE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA 0821		
d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE COUNTY HOSPITAL		d. STREET ADDRESS (If rural, give location) 206 "A" STREET		
3. NAME OF DECEASED (Type or Print) MARY		a. (First) PRICE	b. (Middle) SCOTT	c. (Last) SCOTT
4. DATE OF DEATH (Month) (Day) (Year) Feb 8, 1953				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 13, 1866	9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME SARAH PRICE	14. NAME OF HUSBAND OR WIFE JAMES SCOTT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give part or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS SAM SCOTT, LOUISIANA, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC DECOMPENSATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC CARDIO-VASCULAR RENAL DISEASE DUE TO (c) NONE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE 442X		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from 1-15 , 19 53 , to 2-8 , 19 53 , that I last saw the deceased alive on 2-8 , 19 53 , and that death occurred at 5:00 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS LOUISIANA MO		23c. DATE SIGNED 2-11-1953
24a. BURIAL, CREMATION, REMOVAL BURIAL		24b. DATE Feb 11, 1953		24c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM, LOUISIANA, MO.
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GEO. M. COHLER LOUISIANA, MO.		
DATE REC'D BY LOCAL REG. Feb 17, 1953		REGISTRAR'S SIGNATURE Bernice Collier 374		

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

21
0

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

Geo. M. Collier

Licensed Embalmer No. *3839*

P. O. Address *Sumner, N.C.*

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.