

STANDARD CERTIFICATE OF DEATH

State File No. **27592**

FILED AUG 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>272</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Adair		b. CITY (If outside corporate limits, write RURAL and give town or township) Kirkville		c. LENGTH OF STAY (in this place) 24 days		a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)		b. COUNTY Sullivan	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Memorial Hospital		e. CITY (If outside corporate limits, write RURAL and give township)		f. STREET ADDRESS		1050 1	
3. NAME OF DECEASED (Type or Print)		a. (First) Charles		b. (Middle) Emett		c. (Last) Scott	
4. DATE OF DEATH (Month) (Day) (Year) August 17 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Nov. 15, 1875		9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clifton T. Scott		13b. MOTHER'S MAIDEN NAME Phoebe Malone		14. NAME OF HUSBAND OR WIFE Pearl 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 Otis Scott, Oklahoma City, Okla.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Bronchitis		ANTECEDENT CAUSES (b) Sinusitis & Bronchitis				48 hrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Pernicious anemia				2 mos.	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Pernicious anemia						2 mos +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 513X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 6-15 , 1953, to 8-17 , 1953, that I last saw the deceased alive on 8-17 , 1953, and that death occurred at 3:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard T. Reagle, M.D.				23b. ADDRESS Kirkville, Mo.		23c. DATE SIGNED 8-20-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 20, 1953		24c. NAME OF CEMETERY OR CREMATORY Green City Cemetery		24d. LOCATION (City, town, or county) (State) Green City, Mo.	
DATE REC'D BY LOCAL REG. 8-25-53		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Kent & Son		ADDRESS Green City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 7 1954

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Karl R. Kent

Signed.....

Student Embalmer

Licensed Embalmer No. 4689

P. O. Address Gran City, 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.