

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43971

State File No.

FILED DEC 23 1953

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4445 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORRICK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORRICK</u> <u>0890</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>	b. (Middle) <u>S.</u>	c. (Last) <u>SCOTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-12-53</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 4, 1881</u>
9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ORRICK, Mo.</u>	

13a. FATHER'S NAME <u>SILAS K. SCOTT</u>	13b. MOTHER'S MAIDEN NAME <u>HARRIETT TARWATER</u>	14. NAME OF HUSBAND OR WIFE <u>LELA SUTTON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LELA SCOTT-ORRICK, Mo.</u>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melastasis Lemny</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Calcium deficiency</u> <u>Prostatic operation</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>1999</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-1-53, 19____, to 12-12-53, 19____, that I last saw the deceased alive on 12-12-53, 19____, and that death occurred at 12:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jeffrey F. Semmons</u>	23b. ADDRESS <u>D.O. A. Orrick, Mo</u>	23c. DATE SIGNED <u>12-14-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RIFFE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>3 MI N- of ORRICK, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-14-53</u>	REGISTRAR'S SIGNATURE <u>Helen J. Parkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. W. GOOD ORRICK, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0590

1930

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 Charles J. Taylor

Licensed Embalmer No. 1534

P. O. Address Liberty 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.