

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15375**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4153** Registrar's No. **54-36**

290

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

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lockwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Center twp. 2</b>	
c. LENGTH OF STAY (In this place) <b>1 week</b>		d. STREET ADDRESS (If rural, give location) <b>Rt #1 Greenfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lockwood Memorial Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Harriet</b>	b. (Middle) <b>Pauline</b>	c. (Last) <b>Scott</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>May 5, 1954</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 30, 1891</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 1 YEAR Days <b>5</b>	IF UNDER 1 MIN. Hours <b>-</b>	IF UNDER 1 MIN. Min. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dade County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Alonzo Geo. Odell</b>	13b. MOTHER'S MAIDEN NAME <b>Marcia Mae Finley</b>	14. NAME OF HUSBAND OR WIFE <b>Homer Scott</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>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Homer Scott</b>	ADDRESS <b>Greenfield, Mo</b>
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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) <b>Bronchiectasis</b>		<b>10 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (b) _____ DUE TO (c) _____		<b>526X</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>COP Pulmonale</b>		<b>3 days</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (s.e., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 **4-28**, 195**4**, to **5-5**, 195**4**, that I last saw the deceased alive on **5-5**, 195**4**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. C. Canada M.D.</b>	23b. ADDRESS <b>Greenfield, Mo.</b>	23c. DATE SIGNED <b>5-8-54</b>
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24. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 9 - 54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenfield Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Greenfield Mo</b>
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DATE REC'D BY LOCAL REG. <b>5-9-54</b>	REGISTRAR'S SIGNATURE <b>J. C. Canada 478</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. C. Canada</b>	ADDRESS <b>Greenfield, Mo</b>
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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 \_\_\_\_\_

*J. C. Canada*

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.