

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19365
State File No.

FILED JUN 29 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 276

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission.) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	c. LENGTH OF STAY (In this place) YEARS	c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1917 PENNSYLVANIA AVE.		e. STREET ADDRESS (If rural, give location) 1917 PENNSYLVANIA AVE. 0	

3. NAME OF DECEASED (Type or Print) a. (First) BEN b. (Middle) F. c. (Last) SCOTT			4. DATE OF DEATH (Month) (Day) (Year) JUNE 17, 1954		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 25, 1883	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) GROCCER	10b. KIND OF BUSINESS OR INDUSTRY GROCERY	11. BIRTHPLACE (City and State or Foreign Country) BENTONVILLE, ARK.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME NEWTON B. SCOTT	13b. MOTHER'S MAIDEN NAME AMANDA SHELTON	14. NAME OF HUSBAND OR WIFE MRS. MABEL SCOTT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MRS. MABEL SCOTT-1917 PENNSYLVANIA	ADDRESS
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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) Ventricular arrest	DUE TO (b) Complete Heart Block		3 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS	Diabetes melitus		10 yrs
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? 4330 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 5-17, 1954, to 6-17, 1954, that I last saw the deceased alive on 6-17, 1954, and that death occurred at 9:30 AM from the causes and on the date stated above.

23a. SIGNATURE E. O. Martin (Degree or title)	23b. ADDRESS 709. Joplin St, Joplin Missouri	23c. DATE SIGNED 6-21-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-19-54	24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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DATE REC'D BY LOCAL REG. 6-24-54	REGISTRAR'S SIGNATURE God P. Janner 138	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 28 1954
Jasper County Health Office
County File Number 54-6-6
Date Filed JUN 28 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *F. M. Jones*.....
Licensed Embalmer No. 231

P. O. Address *Joplin*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.