

FILED JUL 1-1954 STANDARD CERTIFICATE OF DEATH

19505

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>4265</u> Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Washington D.C.</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wellington</u>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2206 13th. N.W.</u>		d. STREET ADDRESS (If rural, give location) <u>8080</u> <u>8</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1 1/2 miles West 131 On Hgw. 24</u>			d. STREET ADDRESS (If rural, give location) <u>8080</u> <u>8</u>		
3. NAME OF DECEASED a. (First) <u>Annie</u> b. (Middle) <u>Tyler</u> c. (Last) <u>Scott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-15-54</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Caucas</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 27, 1906</u>	9. AGE (In years) (Months) (Days) <u>47</u>	IF UNDER 1 YEAR IF UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office Dept.</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. COUNTRY OF WHAT CITIZENRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>(Unknown) Tyler</u>		13b. MOTHER'S MAIDEN NAME <u>(unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Lawrence J. Scott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>577-18-8222</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Mitchel, 1512 S 2nd. Levensworth, Ks</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>DFYS Fall of FY at Junction (DFY)</u> <u>if from 1st fall &amp; F. fall caused. FY to hospital for ant</u> ANTECEDENT CAUSES <u>Fx left tube of spine FX ribs of that</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Internal injuries.</u> <u>Due to</u> <u>Major Os Callers</u> II. OTHER SIGNIFICANT CONDITIONS <u>Internal injuries</u> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Callers / motor car in</u>				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION <u>No major</u>	19b. MAJOR FINDINGS OF OPERATION <u>which she was riding with a truck on</u> <u>on 26 Highway Wellington Mo</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Motor Car</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, on the hldg., etc.) <u>on 24 Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE <u>Wellington Lafayette Mo 54 Nev</u>			
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? <u>Major Os Callers</u>			
22. I hereby certify that I attended the deceased from <u>death</u> , <u>6-16-54</u> , 19 <u>54</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. E. Martin M.D.</u>			23b. ADDRESS <u>Odessa Mo</u>		23c. DATE SIGNED <u>6-16-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-17-54</u>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Washington D. C.</u>	
DATE REC'D BY LOCAL REG. <u>6/16/54</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Shepard Wellington, Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

540

AUG 27 1954

AUG 25 1954

AUG 22 1954

AUG 27 1954

SEP 10 1954

VS JUN 18 1954

JUL 8 1954

JUL 1 1954

AUG 30 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.....

*J. H. Stuppard*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4179

P. O. Address Wellington, 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.