

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29941

State File No.
Registrar's No. 491

XC-1840 40 06
RN-7180
BIRTH NO. FILED SEP 29 1954

REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY OR TOWN Commerce	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		e. STREET ADDRESS (If rural, give location) P.O. Box #112	
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) O. c. (Last) SCOTT			4. DATE OF DEATH (Month) (Day) (Year) September 22, 1954
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 16, 1906
9. AGE (In years last birthday) 48		10. IF UNDER 1 YEAR Months 0 Days 0	10. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Laborer		10b. KIND OF BUSINESS OR INDUSTRY Automobile	11. BIRTHPLACE (City and State or Foreign Country) Commerce, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ALBERT SCOTT	
13b. MOTHER'S MAIDEN NAME LIZZIE SIKES		14. NAME OF HUSBAND OR WIFE BERNICE SCOTT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 495-16-7211	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock (Surgical) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pancreatoduodenectomy DUE TO (c) Cancer head of Pancreas II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obstructive Jaundice	
19a. DATE OF OPERATION 9/22/54		19b. MAJOR FINDINGS OF OPERATION Cancer head of Pancreas	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NO		21. INTERVAL BETWEEN ONSET AND DEATH	
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 August 18, 1954 , to September 22, 1954 , and that death occurred at 8:10a.m. , from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) R. C. KIRKWOOD, M.D., Chief Surgical Ser.		22b. ADDRESS VA Hospital Poplar Bluff, Mo.	
22c. DATE SIGNED 9-22-54		22d. SIGNATURE	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 25, 1954	
24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Commerce, Missouri	
DATE REC'D BY LOCAL REG. 9/24/54		REGISTRAR'S SIGNATURE R. H. Muirhead	
25. FUNERAL DIRECTOR'S SIGNATURE Z. J. Sparks		ADDRESS Charleston, Mo.	

RECEIVED
SEP 27 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

SEP 29 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..... *Frank Sparks*

Licensed Embalmer No. *345*

P. O. Address *Cape Girardeau*

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.