

No. 300  
10. 48

FILED SEP 28 1954

THE DEPARTMENT OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31319**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>		c. CITY OR TOWN <u>Neosho</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>2 days</u>		e. STREET ADDRESS (If rural, give location) <u>722 Delaware St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Granby Community Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>		b. (Middle) <u>Pearl</u> c. (Last) <u>Scott</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10 1954</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Feb. 22, 1902</u>		9. AGE (In years) (last birthday) <u>52</u> IF UNDER 1 YEAR: Months <u>6</u> Days <u>18</u> IF UNDER 4 HRS. Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Wooster, Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Marion Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Hugh L. Kearney</u> ADDRESS <u>Neosho, 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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Origin Unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>1561</u>	
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)	
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			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>52</u> , to <u>Sept 10</u> , 19 <u>54</u> that I last saw the deceased alive on <u>9/10</u> , 19 <u>54</u> , and that death occurred at <u>6:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Dr. A. C. Kessinger, D.C.</u>		23b. ADDRESS <u>Neosho, Missouri</u>	
23c. DATE SIGNED <u>9/16/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gibson Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham</u> ADDRESS <u>Neosho, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 18, 1954</u>		REGISTRAR'S SIGNATURE <u>M. S. Young</u>	

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

**RECEIVED**

District Health Officer No. \_\_\_\_\_ **NEWTON COUNTY HEALTH UNIT**  
District File Number 954-193  
Date Filed SEP 27 1954

**NEOSHO, MISSOURI**

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Jesse O. Sullivan, Jr.

Licensed Embalmer No. 4646

P. O. Address Neosho

**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.**