

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Serial # 67
State File No. 31504

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6013 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Clifton Town</i>	c. LENGTH OF STAY (in this place) <i>2 yr</i>	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <i>Clifton Hill R.R. # 0880 I</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Walter</i>	b. (Middle) <i>Russell</i>	c. (Last) <i>Scott</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 16 1954</i>
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>March 17, 1902</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <i>52 4 29</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmington</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Sac City Iowa</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Edgar Scott</i>	13b. MOTHER'S MAIDEN NAME <i>Anne Elzada Wells</i>	14. NAME OF HUSBAND OR WIFE <i>Merna E Scott</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Merna E Scott Clifton Hill</i>
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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>4 years</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Stomach</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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	20. AUTOPSY? 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) <i>151 X</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Sept 1, 1954*, to *Sept 16, 1954*, that I last saw the deceased alive on *Sept 16, 1954*, and that death occurred at *1:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>R. Noel Paris</i>	23b. ADDRESS <i>Clifton Hill, Mo</i>	23c. DATE SIGNED <i>9-17-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9-20-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Evergreen</i>	24d. LOCATION (City, town, or county) (State) <i>Sioux Rapids Iowa</i>
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DATE REC'D BY LOCAL REG. <i>9-18-54</i>	REGISTRAR'S SIGNATURE <i>Mary H. Bentley</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Tom B. Patton Huntwell</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

no

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 *Tom B Patton*

Licensed Embalmer No. *391*

P. O. Address *Huntsville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.