

STANDARD CERTIFICATE OF DEATH

43191

State File No.

FILED JAN 5 1955

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 0240 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN Rural Hammond Mo
c. LENGTH OF STAY (in this place) Call of the
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Palmer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN Rural
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) Near Palmer 1100

3. NAME OF DECEASED
a. (First) Gordon b. (Middle) Scott c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 17 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 2 1885

9. AGE (In years last birthday) 69 If under 1 year: Months 7 Days 15 If under 24 hrs: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Washington Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.C.

13a. FATHER'S NAME Andrew Scott

13b. MOTHER'S MAIDEN NAME Sarah Martin

14. NAME OF HUSBAND OR WIFE Ida Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glen Scott Palmer Mo.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage Rectum
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Starvation from
DUE TO (c) mental deterioration
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION _____ 578 X
20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) [Signature]

23b. ADDRESS Palmer, Mo.

23c. DATE SIGNED 12/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-19-54

24c. NAME OF CEMETERY OR CREMATORY Sutton Cemetery

24d. LOCATION (City, town, or county) (State) Washington Co Mo.

DATE REC'D BY LOCAL REG. 12 29 54

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Lutha Sparks Palmer Mo.

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

RECEIVED

JAN 4 1955

WASH. COUNTY HEALTH DEPT.

File No. _____

JAN 5 1955

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 *Murphy L. Spurr* _____

Licensed Embalmer No. *4236*

P. O. Address *Lead River, Pa.*

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.