

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43362**BIRTH NO. **31620-54** REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **5785** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, write RURAL and give township) Wyatt (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) Wyatt (Rural) 0670	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) R. 1, Box 37	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. 1, Box 37			

3. NAME OF DECEASED (Type or Print) a. (First) Darnell b. (Middle) Scott c. (Last) Scott		4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1954	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) -----	8. DATE OF BIRTH March 22, 1954
9. AGE (In years last birthday) -----		IF UNDER 1 YEAR Months 5 Days 29	IF UNDER 24 HRS. Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Wyatt, Missouri 0
		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Frank Scott		13b. MOTHER'S MAIDEN NAME Eathel Riddle		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) -----		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Scott, R. 1, Wyatt, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dizherna-Dehydration		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES Morbidity 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 5710		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 **August 10, 1954**, to **Sept. 20, 1954**, that I last saw the deceased alive on **Sept. 20, 1954**, and that death occurred at **1:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. M. C. Stearnes, M.D.		23b. ADDRESS Charleston, Mo.		23c. DATE SIGNED 9/21/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 21, 1954		24c. NAME OF CEMETERY OR CREMATORY Rush Ridge Cemetery	
		24d. LOCATION (City, town, or county) (State) Wyatt, Missouri			

DATE REC'D BY LOCAL REG. 12-28-54		REGISTRAR'S SIGNATURE Jean Stearnes 480		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. J. Sparks Charleston, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

670

JAN 21 REC'D

RECEIVED

Miss. Co. Health Dept
County File No. _____

Date Filed JAN 22 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
Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 34551

P. O. Address Cape Girardeau 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.