

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15046

State File No. ....

FILED JUN 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 55-39

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN <u>Greenfield Mo</u>	c. LENGTH OF STAY (in this place) <u>yrs</u>	c. CITY OR TOWN <u>Greenfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Boisseau St.</u>		STREET ADDRESS (If rural, give location) <u>Boisseau St</u> <u>0298</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Archie</u> b. (Middle) <u>Clarence</u> c. (Last) <u>Scott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 22 1955</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 14, 1895</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dade Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Arch Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Sara h Ann Scott</u>	14. NAME OF HUSBAND OR WIFE <u>Odie Scott</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-28-0146</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Odie Scott Greenfield 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adams' Stapes Syndrome (Heart Blocks)</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	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) <u>4330</u>
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 5-10 1955, to 5-22, 1955, that I last saw the deceased alive on 5-21, 1955, and that death occurred at 10:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. O. Cowan M.D.</u>	23b. ADDRESS <u>Greenfield Mo</u>	23c. DATE SIGNED <u>5-24-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 24, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro</u>
		24d. LOCATION (City, town, or county) (State) <u>Dade Co Mo</u>

DATE REC'D BY LOCAL REG. <u>5-30-55</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada 473</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Allison Greenfield Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *W.R. Allison*.....

Licensed Embalmer No. *44*.....

P. O. Address *Greenville*.....

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.