

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0.300  
0.48

BIRTH NO. _____		REG. DIST. NO. <b>38</b>		PRIMARY REG. DIST. NO. <b>3006</b>		Registrar's No. <b>183</b>				
1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Calloway</b>		
b. CITY OR TOWN <b>COLUMBIA</b>		c. LENGTH OF STAY (In this place) <b>10 MONTHS</b>		c. CITY OR TOWN <b>RUSSASSE</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>SAND FORD NURSING HOME</b>				e. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALICE</b>			b. (Middle)		c. (Last) <b>SCOTT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 14, 1955</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>about 1875</b>		9. AGE (In years) (Months) (Days) <b>80?</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>NOOSEWARK</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Calloway County Mo</b>			12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>UNKNOWN</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>IV.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George Wood</b>				ADDRESS <b>Ayrassse Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Breast with Lung Metastases</b>				ANTECEDENT CAUSES				?		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				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. <b>170X</b>						
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)						
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 <b>Sept 1, 1954, to July 14, 1955</b> , that I last saw the deceased alive on <b>13 July, 1955</b> , and that death occurred at <b>8:00 p.m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>Seymour Miller</b>				(Degree or title)		23b. ADDRESS <b>W.D. 22nd St. Columbia</b>		23c. DATE SIGNED <b>15 July 55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>July 16/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Russasse</b>		24d. LOCATION (City, town, or county) <b>Russasse</b>		(State) <b>Mo</b>		
DATE REC'D BY LOCAL REG. <b>July 16 1955</b>		REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Maupien Funeral Home</b>		ADDRESS <b>Fuller Mo</b>			

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 *Way A. Stewart*

Licensed Embalmer No. 322

P. O. Address *Fulton*

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.