

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41203

State File No.

FILED JAN 9 1956

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. CITY OR TOWN <u>Lexington</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died at home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>2683 Franklin</u>	

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Anthony</u> c. (Last) <u>Scott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December - 18 1955</u>	
5. SEX <u>Male</u> 6. COLOR OR RACE <u>Caucasian</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>May 30, 1909</u>		9. AGE (In years last birthday) <u>46</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labour</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Anthony Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Walker</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Walker 210 Franklin Lexington 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death when his home burned</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Oil stove said to have exploded during the</u> DUE TO (c) <u>home</u>		INTERVAL BETWEEN ONSET AND DEATH.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9160</u>		20. AUTOPSY? <u>51</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) <u>Burned to death</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lexington Lafayette Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 18 1955 9P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Home burned following stove explosion</u>	

22. I hereby certify that I attended the deceased after death, 190, to 12-18, 1955, that I last saw the deceased alive on 12-18, 1955, and that death occurred at 9P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Martinno Carones</u> (Degree or title) <u>A</u>		23b. ADDRESS <u>Odera Mo.</u>		23c. DATE SIGNED <u>12-19-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frist Green</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-21-55</u>		REGISTRAR'S SIGNATURE <u>Thomas E. Eastbrook</u>		156		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. Green Marshall Mo</u>	

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 *George H. Green*.....

Licensed Embalmer No. *422*

P. O. Address *Thashell*

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.