

STANDARD CERTIFICATE OF DEATH

State File No. **21168**

FILED JUL 13 1956

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **57KS** Registrar's No. **146**

4

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

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE MO b. COUNTY JHELBY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		c. CITY OR TOWN CLARENCE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKEVIEW REST HOME		e. STREET ADDRESS (If rural, give location) CLARENCE MO RURAL	
3. NAME OF DECEASED (Type or Print) a. (First) ETTIE b. (Middle) JANE c. (Last) SCOTT	4. DATE OF DEATH (Month) (Day) (Year) JUNE 24 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 10, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING	9. AGE (In years last birthday) 85 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS. Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) RANDOLPH COUNTY, MO		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME JOHN McCORMICK	13b. MOTHER'S MAIDEN NAME SUSAN HUDSON	14. NAME OF HUSBAND OR WIFE HENRY SCOTT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS ROLLIE McAFEE ADDRESS CLARENCE 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular - renal chronic INTERVAL BETWEEN ONSET AND DEATH years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. 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. Partial intestinal obstruction <i>cause unknown</i>		2 months	
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)	442X
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 June 1953 , to June 1956 , that I last saw the deceased alive on June 18, 1956 , and that death occurred at 1.00 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Donald E Eggleston M.D.		23b. ADDRESS Macon, Missouri	23c. DATE SIGNED 28 June 56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-24-56	24c. NAME OF CEMETERY OR CREMATORY MT LION CEMETERY	24d. LOCATION (City, town, or county) (State) MACON COUNTY MO
DATE REC'D BY LOCAL REG. 7-5-56	REGISTRAR'S SIGNATURE Ruth M. Sreedy	25. FUNERAL DIRECTOR'S SIGNATURE Charles V. Henry ADDRESS Clarence Mo	

850

RECEIVED 7.11.54
MADON COUNTY HEALTH DEPARTMENT
County File No. 7.56.106
Date Filed 7.12.54

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

Charles V. Green

Licensed Embalmer No. 484

P. O. Address

Clarence

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.