

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23249

State File No.

FILED JUL 23 1958

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Watkins twsp.</u>)		c. CITY OR TOWN <u>Rural-Watkins twsp.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 years</u>		e. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles South of Lecoma</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 South of Lecoma</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DELBERT</u>	b. (Middle) <u>NOEL</u>	c. (Last) <u>SCOTT</u>	4. DATE OF DEATH	(Month) <u>June</u>	(Day) <u>25</u>	(Year) <u>1956</u>
-------------------------------------	---------------------------	-------------------------	------------------------	------------------	---------------------	-----------------	--------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>October 12, 1932</u>	9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rolla, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>J. D. Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Hazel Lindley</u>	14. NAME OF HUSBAND OR WIFE <u>--</u>
---------------------------------------	--	---------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. D. Scott</u>	ADDRESS <u>Lecoma, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis</u>		MEDICAL CERTIFICATION <u>Massive cerebral laceration</u>	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Laceration (penetrating wound) L. thigh</u>			
	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 <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chelso. Mo.</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 16 56</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
---	---	---

22. I hereby certify that I attended the deceased from 5/16, 1956, to 6/25, 1956, that I last saw the deceased alive on 6/25, 1956, and that death occurred at 4:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm R. Dyth</u> (Degree or Title) <u>MD</u>	23b. ADDRESS <u>Rolla Mo.</u>	23c. DATE SIGNED <u>6/25/56</u>
--	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 27, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>6-29-56</u>	REGISTRAR'S SIGNATURE <u>R. E. Mitchell, MD by M. C. Paul & S. E. Zund</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mill & Sons Funeral Home</u>	ADDRESS <u>Rolla, Mo.</u>
---	--	--	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

16.300
10.48

3150

JUL 24 1936

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..... *Paul E. N*

Licensed Embalmer No..... *44*

P. O. Address..... *Rolla,*

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.