

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24549**

Dr. Cook
FILED JUL 26 1956

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 3049		Registrar's No. 130	
1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived if institution: residence before ad. of dec.) a. STATE MO. b. COUNTY Pemiscot			
b. CITY OR TOWN Hayti		c. LENGTH OF STAY (In this place) 6 days		c. CITY OR TOWN Caruthersville		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 Hayti Memorial				e. STREET ADDRESS (If rural, give location) 409 Beckwith ave			
3. NAME OF DECEASED (Type or Print) SAMAH		b. (Middle) _____		c. (Last) SCOTT		4. DATE OF DEATH Month July Day 5 Year 1956	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH April 20 - 1884	
9. AGE At last birthday 72 Years 6 Months 15 Days		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City, State & Foreign Country) Bronxville, Missouri, U.S.A.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Melvin Ferguson ADDRESS Caruthersville			
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) Intestinal obstruction ANTECEDENT CAUSES DUE TO (b) adhesion DUE TO (c) 5705 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of ileum				INTERVAL BETWEEN ONSET AND DEATH 7 days	
19a. DATE OF OPERATION 7-2-56		19b. MAJOR FINDINGS OF OPERATION Obstruction & gangrene of ileum				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE *HOMICIDE none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) Hayti (COUNTY) Pemiscot (STATE) MO.			
21d. TIME OF INJURY none		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 6-29-1956 , to 7-5-1956 that I last saw the deceased alive on 7-5-1956 , and that death occurred at 2:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE D. W. Cook M.D. (Degree or title)				23b. ADDRESS Caruthersville, Mo.		23c. DATE SIGNED 7-14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE July 6 - 1956		24c. NAME OF CEMETERY OR CREMATORY Little Prairie		24d. LOCATION (City, town, or county) Caruthersville MO. (State)	
DATE REC'D BY LOCAL REG 7-16-56		REGISTRAR'S SIGNATURE John St. German		25. FUNERAL DIRECTOR'S SIGNATURE Walter E. Dean ADDRESS _____			

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

4060

7-202-56

JUL 25 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

9561 22 1017

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 *Noel C. Dean*

Licensed Embalmer No. *394*

P. O. Address *Caruthersville*

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.