

FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29783

State File No.

BIRTH NO. REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4029 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI. b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MINDEN MINES		c. LENGTH OF STAY (In this place) 12 YEARS	
d. FULL NAME OF HOSPITAL OR INSTITUTION MINDEN MINES, (No. ST. ADDRESS)		d. STREET ADDRESS (If rural, give location) (No. Street Address) 0060	

3. NAME OF DECEASED (Type or Print)	a. (First) LILLIA	b. (Middle) FLORENCE	c. (Last) SCOTT	4. DATE OF DEATH (Month) (Day) (Year) SEPT-25-1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT-12-1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) BARTON COUNTY, MISSOURI.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN A. TAYLOR	13b. MOTHER'S MAIDEN NAME NANCY MORAIN	14. NAME OF HUSBAND OR WIFE WILLIAM N. SCOTT.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME WILLIAM N. SCOTT,	ADDRESS MINDEN MINES, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition & Debilitation caused by Carcinomatosis Primary Carcinoma of Liver		11 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Primary Carcinoma of Liver		8 Mos.
DUE TO (c) Hemochromatosis		3 Mos.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. passive congestion & Edematous Encephalomalacia		10 yrs.	7 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 155X	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct. 15, 1946, to Sept. 25, 1956 that I last saw the deceased alive on Sept. 23, 1956, and that death occurred at 12:25a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. H. Kneeland, D.O.	23b. ADDRESS Liberal, Missouri	23c. DATE SIGNED 9-26-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT-27-1956	24c. NAME OF CEMETERY OR CREMATORY BLACK JACK CEMETERY	24d. LOCATION (City, town, or county) (State) BARTON COUNTY, MISSOURI.
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DATE REC'D BY LOCAL REG. Sept 27, 1956	REGISTRAR'S SIGNATURE Charlotte McDowell	25. FUNERAL DIRECTOR'S SIGNATURE W.E. ELLSWORTH,	ADDRESS PITTSBURG, KANSAS.
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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
Student Embalmer

Signed

LENA CURRIE

Lena Currie

Licensed Embalmer No. 2048

114 WEST 6TH ST.,
P. O. Address PITTSBURG, KANSAS

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 this body is not embalmed, fact should be so stated above.