

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31527

State File No.

FILED OCT 15 1956

BIRTH NO. 4000A-56 REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby		c. LENGTH OF STAY (In this place) 1 Hr	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		e. CITY OR TOWN Neosho	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) East McCord Street 07th	
3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Lee c. (Last) Scott			4. DATE OF DEATH (Month) (Day) (Year) Aug 28 - 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 2, 1956
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 2 Days 26	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (City and State or Foreign Country) Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Riley Scott		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Riley Scott
		ADDRESS Neosho, 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) Diarrhea and Enteritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.	
		INTERVAL BETWEEN ONSET AND DEATH 2 Days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5710	
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) _____			
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 <u>Aug 26 - 1956</u> to <u>Aug 28, 1956</u> , that I last saw the deceased alive on <u>Aug 28, 1956</u> , and that death occurred at <u>8:55 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE Melvin M. Pellough, D.O.		23b. ADDRESS 420 W. Sherman Neosho Mo	
		23c. DATE SIGNED 9/26/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8, 30, 56	
24c. NAME OF CEMETERY OR CREMATORY Gibson Cem,		24d. LOCATION (City, town, or county) (State) Near Neosho, Mo	
DATE REC'D BY LOCAL REG. Oct. 6, 1956		REGISTRAR'S SIGNATURE M. S. Young	
		25. FUNERAL DIRECTOR'S SIGNATURE Clark-Bigham Mortuary, Neosho, Mo.	
		ADDRESS Clark-Bigham Mortuary, Neosho, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Neeston
District File Number 1056-166
Date Filed OCT 11 1958

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..... Cecil A. Shonkell

Licensed Embalmer No. 359

P. O. Address Joplin Mo

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.