No. 300
10.48

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40338

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4509 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Humphreys
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN: Humphreys
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1050

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Lucinda
c. (Last): Scott

4. DATE OF DEATH (Month) 11 (Day) 17 (Year) 56

5. SEX: fe 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never
8. DATE OF BIRTH: June 24, 1883
9. AGE (In years on last birthday): 73 — 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): house keeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: O

13a. FATHER'S NAME: David L Scott
13b. MOTHER'S MAIDEN NAME: Hannah E. Naylor
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Virgil Scott Humphreys
ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 3 m

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.*
1. arteriosclerosis — 7 y
2. obesity 157.X — 7 y

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) Humphreys (COUNTY) Sullivan (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1956, *to* Nov 17, 1956, *that I last saw the deceased alive on* Nov 17, 1956, *and that death occurred at* 11:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas S Mitchell MD (Degree or title)
23b. ADDRESS: Milan Mo
23c. DATE SIGNED: 11/19/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-19-56
24c. NAME OF CEMETERY OR CREMATORY: Humphreys
24d. LOCATION (City, town, or county): Humphreys (State): Mo.

DATE REC'D BY LOCAL REG.: 11-26-56
REGISTRAR'S SIGNATURE: Mrs. M. W. Beckett
25. FUNERAL DIRECTOR'S SIGNATURE: Wade Funeral Home
ADDRESS: Browning, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

525

DEC 5 1956

DEC 11 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gerald F. Wade

Licensed Embalmer No. 417

P. O. Address Brown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.