

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **42189**

**FILED JAN 10 1957**

No. 300  
10-48

06493

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

BIRTH NO. _____		REG. DIST. NO. <b>209</b>		PRIMARY REG. DIST. NO. <b>5262</b>		Registrar's No. <b>44</b>	
1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL-Round Grove</b>		c. LENGTH OF STAY (in this place) <b>15 yrs.</b>		c. CITY OR TOWN <b>RURAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RFD #1, Palmyra, Mo.</b>				STREET ADDRESS (If rural, give location) <b>RFD. #1, Palmyra, Mo. 06493</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Violet</b>			b. (Middle) <b>Fern</b>		c. (Last) <b>Scott</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 5 1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>15 June 1897</b>		9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Burlington, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William Butts</b>			13b. MOTHER'S MAIDEN NAME <b>Sally Herald</b>		14. NAME OF HUSBAND OR WIFE <b>Frank E. Scott, Palmyra, Mo.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank E. Scott, RFD #1, Palmyra, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Left Parietal + Temporal Skull fracture</b>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Grand Mal Epilepsy attack</b>					<b>30 min</b>	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____					<b>11</b>	
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 (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Marion Mo</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 5 1956 5 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Grand Mal Epileptic attack fell striking head on floor</b>			
22. I hereby certify that I attended the deceased from <b>Dec 5, 1956</b> , to <b>Dec 5, 1956</b> , that I last saw the deceased alive on <b>Dec 5, 1956</b> and that death occurred at <b>2:00 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b>			(Degree or title) <b>RD 9</b>		23b. ADDRESS <b>Palmyra Mo</b>		23c. DATE SIGNED <b>12-10-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7 Dec. 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Palmyra, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>12-10-56</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] - Palmyra, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 8 1957  
MARION CO. HEALTH DEPT.  
DATE FILED JAN 8 1957

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 *George M. Lewis*.....

Licensed Embalmer No. 4851..

P. O. Address Palmyra, 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.