

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4144

State File No. ....

FILED MAR 5 1957

BIRTH NO. 75704-51 REG. DIST. NO. 307 PRIMARY REG. DIST. NO. 3017 Registrar's No. 26

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

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>Boonville</b>		c. LENGTH OF STAY (in this place) <b>6 days</b>		c. CITY OR TOWN <b>Tipton</b>		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 <b>Saint Joseph Hospital</b>				STREET ADDRESS (If rural, give location) <b>Nostreet numbers</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mark</b> b. (Middle) <b>Miller</b> c. (Last) <b>SCOTT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February, 19th, 1957</b>						
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Nov. 17th, 1956</b>		9. AGE (In years last birthday) <b>3</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 24 HRS. Days <b>2</b> Hours <b>0</b> Min.	
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 <b>At home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Boonville, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Joe F. Scott</b>			13b. MOTHER'S MAIDEN NAME <b>Gladys E. Miller</b>			14. NAME OF HUSBAND OR WIFE <b>-----</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 <b>Joe F. Scott (Father)</b>				ADDRESS <b>Tipton, Missouri</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>SEPTICEMIA, MASSIVE OVERWHELMING</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 HRS.</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <b>UNKNOWN</b> rise to the above cause (a) stating the underlying cause last.  DUE TO (c)								
	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 <b>NONE</b>						20. AUTOPSY? <b>0534</b> YES <input checked="" type="checkbox"/> NO <input 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) <b>1</b>					
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?					
22. I hereby certify that I attended the deceased from <b>FEBRUARY 19 1957</b> , to <b>FEBRUARY 19 1957</b> , that I last saw the deceased alive on <b>FEBRUARY 19 1957</b> , and that death occurred at <b>3:45 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <i>William A. Albee, MD</i>			23b. ADDRESS <b>329 MAIN STREET, BOONVILLE, MO.</b>			23c. DATE SIGNED <b>2-21-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 21, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Tipton, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>2/23/57</b>		REGISTRAR'S SIGNATURE <i>W. Hooper</i>			FUNERAL DIRECTOR'S SIGNATURE <i>James E. Richards</i>				
					ADDRESS <b>Tipton MO</b>				

11302

STATEMENT BY LICENSED EMBALMER

MEMPHIS

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 *Jessie E. Richard*  
Licensed Embalmer No. *3466*

P.O. Address *Tipton*

NO. 11 1110 1112 58 01 11101111

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.