

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5611

FILED FEB 18 1957

STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 4355 Registrar's No. 12

300  
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |            |   |            |
|---|------------|---|------------|
| 1. PLACE OF DEATH   |            | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |            |
| a. COUNTY   | New Madrid | a. State  | Missouri   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN           | New Madrid | b. COUNTY   | New Madrid |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION |            | c. CITY OR TOWN   |            |
| Home  |            | New Madrid  |            |
| Length of stay in lb  |            | d. STREET ADDRESS (If outside, give location)   |            |
|   |            | 1010 First St.  |            |
|   |            | Reside on Farm  |            |
|   |            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                   |            |

|   |                  |   |                          |  |                                 |
|---|------------------|---|--------------------------|--|---------------------------------|
| 3. NAME OF DECEASED (Type or print)   |                  |   | 4. DATE OF DEATH         |  |                                 |
| First   | Middle           | Last  | Month                    | Day  | Year                            |
| Robert  | Augusta          | Scott   | Feb.                     | 5  | 1957                            |
| 5. SEX  | 6. COLOR OR RACE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH         |  | 9. AGE (In years last birthday) |
| Male  | Colored          | WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>                  | Sept. 18, 1889           |  | 67                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |                  | 10b. KIND OF BUSINESS OR INDUSTRY   |                          | 11. BIRTHPLACE (City and state or country) |                                 |
| Day Labor   |                  | -----   |                          | Loadell, Miss.                             |                                 |
| 13. FATHER'S NAME   |                  |   | 14. MOTHER'S MAIDEN NAME |  |                                 |
| Unknown   |                  |   | Unknown                  |  |                                 |

|  |                         |                                  |  |
|--|-------------------------|----------------------------------|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address            |  |
| Yes WWI Feb. 18 to July 19   | +96-28-3801             | Mary Scott, New Madrid, Missouri |  |

|   |            |   |
|---|------------|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   |            | INTERVAL BETWEEN ONSET AND DEATH                                    |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized carcinomatosis</u>  |            | <u>unknown</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) |   |
|   | DUE TO (c) |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |            | 19. WAS AUTOPSY PERFORMED?  |
|   |            | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |  |                  |
|---|--|------------------|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |                  |
|   |  |                  |
| 20c. TIME OF INJURY   | Hour   | Month, Day, Year |
|   |  |                  |

|   |   |                                      |        |                                   |
|---|---|--------------------------------------|--------|-----------------------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION         | COUNTY | STATE                             |
|   |   |                                      |        |                                   |
| 21. I attended the deceased from <u>25 Jan 57</u> to <u>6 Feb 57</u> and last saw him alive on <u>4 Feb 57</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |   |                                      |        |                                   |
| 22a. SIGNATURE: <u>Charles Chubb</u> (Degree of title)  |   | 22b. ADDRESS: <u>New Madrid, Mo.</u> |        | 22c. DATE SIGNED: <u>7 Feb 57</u> |

|   |            |  |  |
|---|------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)                         | 23b. DATE  | 23c. NAME OF CEMETERY OR CREMATORY             | 23d. LOCATION (City, town, or county) (State)  |
| Burial  | 11 Feb. 57 | Bannie Powell                                  | New Madrid, Missouri                           |
| 24. FUNERAL DIRECTOR ADDRESS: <u>Richards Undertaking Co. Mo.</u> |            | 25. DATE RECD. BY LOCAL REG. <u>12 Feb. 57</u> | 26. REGISTRAR'S SIGNATURE: <u>Jay Hedgcock</u> |

MAR 12 1957  
MAR 8 1957  
FEB 19 1957

DATE RECEIVED FEB 14 1957  
NEW MADRID CO. HEALTH CENTER

*P. J. Saff*

**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 *Tammy L. Roberts*  
Licensed Embalmer No. *448*

P. O. Address *New Madrid*

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