

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12833

FILED MAY 14 1957

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2007 Registrar's No. 414-A

Health,
& Welfare
Public
Service

S. 300
V. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Brighton Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns		d. STREET ADDRESS (If outside, give location) N.W. of Brighton	
Length of stay in lb 7 days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Beulah Middle Corentha Last Scott			4. DATE OF DEATH Month April Day 29 Year 1957
5. SEX F	6. COLOR OR RACE Cau.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 16, 1895
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		9b. KIND OF BUSINESS OR INDUSTRY Housework	9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Housework	9. AGE (In years last birthday) 61
11. BIRTHPLACE (City and state or country) Van, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel Faulkner		14. MOTHER'S MAIDEN NAME Avrilla Parrish	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Roy Scott, Brighton, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Rectum 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) Hypertensive Cardiovascular disease			INTERVAL BETWEEN ONSET AND DEATH 2 Mo.
19a. 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 _____ a. m. _____ p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 3-1-57 to 4-29-57 and last saw her ^{her} _{him} alive on 4-29-57 Death occurred at 8:45 p. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph M. Hillis M.D.		22b. ADDRESS Springfield, Mo.	
22c. DATE SIGNED 5-1-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial (Rem)	23b. DATE 4-29-57	23c. NAME OF CEMETERY OR CREMATORY Slagle Cemetery	23d. LOCATION (City, town, or county) (State) Brighton, Mo.
24. FUNERAL DIRECTOR Erwin + Blue Bolivar, Mo.		25. DATE RECD. BY LOCAL REG. 5-6-57	
		26. REGISTRAR'S SIGNATURE Janet Williamson	

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 *Marshall C. Blackwell*

Licensed Embalmer No. *47*

P. O. Address *Bolivar*

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.