

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021661
STATE FILE NUMBER

FILED JUL 2 - 1957

Registration District No. 178 Primary Registration District No. 4284 Registrar's No. 54

with, if fare, public service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Carer cannot certify to a death due to natural causes. diseases in Part I must be casually related.

1. PLACE OF DEATH a. COUNTY Knox County			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Knox		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Belle		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN La Belle	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Hattie Middle M. Last Scott			4. DATE OF DEATH Month June Day 22 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 22, 1871	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 9 Days 0 IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Knox County	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Benjamin Foree			14. MOTHER'S MAIDEN NAME Jennie D. Stone		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -----		17. INFORMANT Address Mrs. John Freeman La Belle, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senility DUE TO (b) Broken Hip about 3 yrs ago DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).					INTERVAL BETWEEN ONSET AND DEATH 3 yrs
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.) 46		
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) La Belle		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE La Belle Lewis Mo		
21. I attended the deceased from June 2nd to June 27 and last saw her alive on June 2nd . Death occurred at La Belle on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. V. Coates, M.D.			22b. ADDRESS La Belle Mo		22c. DATE SIGNED 6-22-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/23/1957	23c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery		23d. LOCATION (City, town, or county) (State) La Belle Missouri
24. FUNERAL DIRECTOR ADDRESS La Belle, Mo.			25. DATE RECD. BY LOCAL REG. 6-26-57		26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 myself, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed J. Glader Jr.
Licensed Embalmer No. 43

P. O. Address Label

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.