

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033342

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 169

Primary Registration District No. 5616

Registrar's No. 49

S. 300  
7. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Knox</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Knox</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rutledge Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Rutledge Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		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 <b>Alney</b> Middle <b>W</b> Last <b>Scott</b>				4. DATE OF DEATH Month <b>October</b> Day <b>1</b> Year <b>1958</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>September 8 1902</b>		9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>23</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Knox County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Frank Scott</b>				13b. MOTHER'S MAIDEN NAME <b>Mary B. Carmack</b>				14. NAME OF HUSBAND OR WIFE <b>Edna Mae Husted</b>					
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. <b>497-42-1384</b>		17. INFORMANT Address <b>Mrs. Edna Mae Husted, Rutledge, Mo</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Leukemia</b>										INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____										<b>2044</b>			
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 _____ a.m. _____ p.m. _____													
20d. INJURY OCCURRED WHILE AT <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 <b>October 1, '58</b> to <b>Oct. 1, 1958</b> and last saw her alive on <b>Oct. 1, 1958</b> Death occurred at <b>4:25</b> <b>A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Harry J. McCracken D.O.</b>					22b. ADDRESS <b>La Belle, Missouri</b>					22c. DATE SIGNED <b>10/1/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>10-3-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>LaBelle Cemetery</b>			23d. LOCATION (City, town, or country) (State) <b>LaBelle Missouri</b>					
24. FUNERAL DIRECTOR ADDRESS <b>Ed Cader Jr. LaBelle Mo.</b>					25. DATE RECD. BY LOCAL REG. <b>Oct-8-1958</b>		26. REGISTRAR'S SIGNATURE <b>Wille A. Humolt</b>						

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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 W. H. Hester Jr.

Licensed Embalmer No. 4328

P. O. Address LA BELLE, 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.