

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033518  
STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

300  
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

66063-58  
FILED SEP 26 1958  
Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 307

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Marion		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		a. STATE Mo.		b. COUNTY Marion		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hosp.		Length of stay in lb Life		c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS 114 N.7th.				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First Paula		Middle Kay		Last Scott		Month 9 Day 18 Year 58		
5. SEX F		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 17 1958		
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Month		IF UNDER 24 HRS. Days Hours Mins		17 10		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Hannibal Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Cecil Norwood Scott, Jr.				14. MOTHER'S MAIDEN NAME Paulina Lear				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mr. Cecil Scott 114 N.7th. St.			
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) telectasis, bilateral							1 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b)	
DUE TO (c) 7620								
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 checked="" type="checkbox"/> NO <input 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 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 9-17-58 to 9-18-58 and last saw her him alive on 9-18-58				Death occurred at 7:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Ralphy Lanning				22b. ADDRESS Hannibal, Missouri		22c. DATE SIGNED 9-19-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 19 1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) Hannibal Mo. (State)		
24. FUNERAL DIRECTOR James Henry - Hannibal, Mo			25. DATE RECD. BY LOCAL REG. 9/22/58		26. REGISTRAR'S SIGNATURE N E M Lucke Reg H C Fisher			

(Licensed Embalmer's Statement on Reverse Side)

189  
0

**RECEIVED** SEP 24 1950  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** SEP 24 1950

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

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 49  
P. O. Address.....

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.