

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017437
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 128 Primary Registration District No. Registrar's No. 550

300
-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 4 mi. So. Ash Grove		c. CITY OR TOWN Ash Grove	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If outside, give location) 4 Mi. South	
Length of stay in lb --		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle WALTER Last SCOTT			4. DATE OF DEATH Month June Day 3 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 1, 1885
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 2 Days	
IF UNDER 24 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Ash Grove, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Edward Scott	
13b. MOTHER'S MAIDEN NAME Margaret Morris		14. NAME OF HUSBAND OR WIFE Ora L. Scott	
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. 491-42-5941	
17. INFORMANT Address Mrs. Ora L. Scott, Ash Grove, 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) Toxemia, cachexia and inanition	
DUE TO (b) Carcinomatosis (November 14, 1958-Surgery)		INTERVAL BETWEEN ONSET AND DEATH 5 weeks	
DUE TO (c) Adeno-carcinoma stomach.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X	
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. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from 1944 to June 3, 1959 and last saw ^{her} him alive on June 3, 1959 Death occurred at 11:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Thomas F. Matz, D.O.		22b. ADDRESS Ash Grove, Missouri	
22c. DATE SIGNED 6-5-59		23. NAME OF CEMETERY OR CREMATORY John's Chapel Cemetery So. of Ash Grove, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 5, 1959	
23c. LOCATION (City, town, or county) (State) Ash Grove, Missouri		23d. LOCATION (City, town, or county) (State) So. of Ash Grove, Mo.	
24. FUNERAL DIRECTOR BRIM-DANIEL		25. DATE RECD. BY LOCAL REG. 6-8-59	
ADDRESS Ash Grove, Missouri		26. REGISTRAR'S SIGNATURE Effie S. Melton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only statements of cause of death related to all diseases in Part I must be causally related.

SEP 18 1959

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 *Ray B. Ireland*

Licensed Embalmer No. *5057*
P. O. Address *Palmetto, Fla.*

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.