URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 18 1960

60-015875

STATE FILE NUMBER

AENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 179

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Length of stay in 1b: ALWAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 307½ PEARL AVE. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 307½ PEARL AVE. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: RANDY Middle: Last: SCOTT
4. DATE OF DEATH Month: APRIL Day: 6 Year: 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☐ INFANT Divorced ☐
8. DATE OF BIRTH: 9-12-59
9. AGE (last birthday) — IF UNDER 1 YEAR: Months 6 Days 25 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: INFANT
11. BIRTHPLACE (City and state or country): JOPLIN, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: ORVILLE B. SCOTT
13b. MOTHER'S MAIDEN NAME: MYRTLE F. EURIT
14. NAME OF HUSBAND OR WIFE: ----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) INFANT (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: ORVILLE B. SCOTT, Address JOPLIN, MO. 307½ PEARL AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CHICKEN POX — INTERVAL BETWEEN ONSET AND DEATH: 6 da.
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 April 6 1960, to April 6 1960 and last saw him alive on April 6 1960
Death occurred at 2:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J E Kilbourne (Degree or title) MD
22b. ADDRESS 408 West 4th St
22c. DATE SIGNED 4/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 4-8-60
23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL,
23d. LOCATION (City, town, or county) (State) JOPLIN MISSOURI

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 4-12-1960
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed F. M. Jones

Signature of Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.