

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-027835

FILED VS JUL 6 1960 274

Registration District No. _____ Primary Registration District No. 3052 Registrar's No. 235

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b 7 days	c. CITY OR TOWN Route #1, Smithton Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 miles S.W. of Bearman Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CATHERINE Middle MAUD Last SCOTT			4. DATE OF DEATH Month July Day 1 Year 1960		
5. SEX Female	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 May 30, 1893	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and state or country) Cooper County, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ellis Peters		13b. MOTHER'S MAIDEN NAME Kate Cash		14. NAME OF HUSBAND OR WIFE John E. 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. none	17. INFORMANT John E. Scott - Rt. #1, Smithton, Mo. Address _____		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute renal failure		INTERVAL BETWEEN ONSET AND DEATH 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of pancreas	Unknown
	DUE TO (c) Metastatic carcinoma of the lungs	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 **1951** to **1 July 60** and last saw her alive on **1 July 60**.
Death occurred at **9:15 PM. 1 July 60** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carl D. Sigel M.D.	22b. ADDRESS 1216 West 18th St Sedalia, Mo	22c. DATE SIGNED 2 July 60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 4, 1960	23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery
23d. LOCATION (City, town, or county) Pettis Co. Mo		(State) _____

24. FUNERAL DIRECTOR D.W. Heckart - Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. July 2 1960	26. REGISTRAR'S SIGNATURE Frances Shelby
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 15 1960

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 _____ Signature of Student Embalmer

Signed Richard P. Conn

Licensed Embalmer No. 4703
P. O. Address Sedalia, Mo

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