

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1003

6282-61-023146
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. Registrar's No.

AMENDED
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 mo.	c. CITY OR TOWN Esther, Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	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 Myrtle Middle Ivory Last Scott			4. DATE OF DEATH July 2, 1961 Month Day Year
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 Oct 17, 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY House-wife	11. BIRTHPLACE (City and state or country) Esther, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. NAME OF HUSBAND OR WIFE Leland Scott	
13a. FATHER'S NAME Henry Buchanan		13b. MOTHER'S MAIDEN NAME Lula Simmons	
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 Mr Leland L. Scott Esther, 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) Neurosarcoma of pelvis (sacrum) 1 yr. 2 mos DUE TO (b) 1966 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Intractable pain			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ to _____ and last saw her alive on 7-2-61 (see note below) Death occurred at 7:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. It was not treated by me. It was to care for her in absence of Dr. Stewart; not checked before last year.			
22a. SIGNATURE C. S. Shewin, M.D. (Degree or title)		22b. ADDRESS 4600 Maryland	22c. DATE SIGNED 7-3-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-5-1961	23c. NAME OF CEMETERY OR CREMATORY WoodLawn Cemetery	23d. LOCATION (City, town, or county) (State) Esther, Mo
24. FUNERAL DIRECTOR R. Caldwell & Sons Flat River, Mo ADDRESS		25. DATE RECD. BY LOCAL REG. JUL 6 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

See above-entire 86 days

JUL 13 1961

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 David Paul Caldwell, Student Embalmer No. 636

working under my personal supervision.

Student David P. Caldwell
Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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.