

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037349

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 24 1962

Registrar's District No. 333 Primary Registration District No. 3074 Registrar's No. 204

VS 300
Rev. 4/59

1/007
2/007

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4 0
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9/181.0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | | | |
|---|--|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Scott | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston | | Length of stay in 1b | | c. CITY OR TOWN Sikeston Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 614 Dorothy St. | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 614 Dorothy St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First James Middle Harvey Last Scott | | | 4. DATE OF DEATH Month September Day 4 Year 1962 | | |
| 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 Feb. 28, 1882 | 9. AGE (last birthday) 80 | IF UNDER 1 YEAR IF UNDER 24 HR Months 6 Days 4 Hours Min. |
| 10a. 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) Sebra, Kentucky | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Thomas Scott | | 13b. MOTHER'S MAIDEN NAME Sally Pate | |
| 14. NAME OF HUSBAND OR WIFE Myrtle Greenlee | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No | | | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address 25 Myrtle Scott, Sikeston, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Urinary Bladder | | | | | INTERVAL BETWEEN ONSET AND DEATH unknown |
| 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. <input type="checkbox"/> Yes <input checked="" 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 May 14, 1960 to Sept. 4, 1962 and last saw her/him alive on Sept. 4, 1962 Death occurred at 12:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>John Sargent, M.D.</i> | | | 22b. ADDRESS 808 W. Wakefield | | 22c. DATE SIGNED 9-18-62 |
| 22d. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Sept. 6, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. Sikeston, Mo. | | 23d. LOCATION (City, town, or county) (State) Sikeston, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Albritton Funeral Home, Sikeston, Mo. | | | 25. DATE RECD. BY LOCAL REG. 9-17-62 | | 26. REGISTRAR'S SIGNATURE <i>Jeanette Waldman</i> |

NOV 8 1962

SEP 25 1962

NOV 5 1962

Permit received Sept 4 - 1962

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 Raymond L. Ruffin

Licensed Embalmer No. 4798

P. O. Address Berme, Ms.

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.