MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041345
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 96

FILED OCT 19 1962

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Houston
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Tex Co. Memorial
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Texas
c. CITY OR TOWN: Houston
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Mo.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Drusie Middle: A. Last: Scott
4. DATE OF DEATH: Month: Oct. Day: 3 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-3-1886
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months 6 Days 8 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Huntsville Ark.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Nelson Carlock
13b. MOTHER'S MAIDEN NAME: Adelaid Gray
14. NAME OF HUSBAND OR WIFE: Everett E. Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Everett E. Scott Address: Houston Mo

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): CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CARCINOMA OF RECTO-SIGMOID — 3 YEARS?
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 12-1-61, to 10-3-62 and last saw her/him alive on 10-3-62
Death occurred at 12:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: H. T. Dreyer, M.D. (Degree or title)
22b. ADDRESS: Houston Mo.
22c. DATE SIGNED: 10-6-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-5-1962
23c. NAME OF CEMETERY OR CREMATORY: Pine Lawn
23d. LOCATION (City, town, or county) (State): City limits of Houston, Mo
24. FUNERAL DIRECTOR: L. T. Evans ADDRESS: Houston Mo
25. DATE RECD. BY LOCAL REG.: 10-17-62
26. REGISTRAR'S SIGNATURE: Myrtie Craig

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1070		
2	1070		
3	2		
4	1		
5	1		
6			
7	1		
8	2		
9	154X		
10			
11			
12	1-0		
13	4-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MAY 18 1966

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 Jewell C. Craig

Licensed Embalmer No. 4766

P. O. Address Mt. Grove

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.