

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043583
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5466 Registrar's No. 1519

FILED NOV 18 1963

1. PLACE OF DEATH a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Length of stay in 1b <u>years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>South West of Springfield</u> Inside Limits <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Greene</u> c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1620 S Broadway</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED First Middle Last <u>Mark Murl Scott</u>			4. DATE OF DEATH Month Day Year <u>Nov 13, 1963</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/25/1917</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ins. salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>		11. BIRTHPLACE (City and state or country) <u>Milberton Okla.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mar Scott</u>			13b. MOTHER'S MAIDEN NAME <u>Irene Hellenies</u>			14. NAME OF HUSBAND OR WIFE <u>Wendell Richmond</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW1</u>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Wendell Richmond Springfield, Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Apparently from carbon monoxide gas</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ } DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH _____
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 checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE undecided <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>testimony at Coroners inquest showed he was found on ground behind car. There was small superficial contusions on head and face</u>
20c. TIME OF INJURY Hour: <u>Approx.</u> Year: <u>11/3/63</u> a.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in a woods area West of Springfield</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Greene Missouri</u>

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at actual time unknown m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <u>Ralph H. Pieme</u> County Coroner		22b. ADDRESS <u>Springfield, Missouri</u>		22c. DATE SIGNED <u>11/14/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 8, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Springfield National</u>	
23d. LOCATION (City, town, or county) (State) <u>Springfield Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Chapel of the Ozarks Inc. Springfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-15-63</u>	
				26. REGISTRAR'S SIGNATURE <u>Tennie Medley</u>	

DO NOT WRITE ON THIS STUB
 AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
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(Continued Embalmer's Statement on Reverse Side)

NOV 21 1963
NOV 20 1963

REC
9-16-3-1
REC
E-19

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 Worawan Hahn

Licensed Embalmer No. 5159

P. O. Address Springfield, 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.