

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12668

State File No. \_\_\_\_\_

FILED APR 16 1949

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | CIS. DIST. NO. <u>149</u>                                                                                                    |  | PRIMARY REG. DIST. NO. <u>1002</u>                                                                                                          |  | Registrar's No. _____                                                               |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                              |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>KANSAS CITY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | c. LENGTH OF STAY (In this place)<br><u>30 YEARS</u>                                                                         |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>KANSAS CITY</u>                                          |  |                                                                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                              |  | d. STREET ADDRESS (If rural, give location)<br><u>3400 COLLEGE AVENUE</u>                                                                   |  |                                                                                     |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | a. (First) <u>VIOLA</u>                                                                                                      |  | b. (Middle) <u>EVA</u>                                                                                                                      |  | c. (Last) <u>SCOTT</u>                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 4. DATE OF DEATH                                                                                                             |  | (Month) <u>MAR</u>                                                                                                                          |  | (Day) <u>22</u> (Year) <u>1949</u>                                                  |  |
| 5. SEX <u>FEMALE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 6. COLOR OR RACE <u>WHITE</u>                                                                                                |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>                                                                       |  | 8. DATE OF BIRTH <u>OCT-2-1900</u>                                                  |  |
| 9. AGE (In years last birthday) <u>48 YEARS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>EMPLOYEE - WANTED DEPT.</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>THE KANSAS CITY STAR</u>                                                                            |  | 11. BIRTHPLACE (State or foreign country)<br><u>ABILENE KANSAS</u>                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                              |  |                                                                                                                                             |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME<br><u>UNKNOWN</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u>                                                                                  |  | 14. NAME OF HUSBAND OR WIFE<br><u>GARY G. SCOTT</u>                                                                                         |  |                                                                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 16. SOCIAL SECURITY NO. <u>486-05-4264</u>                                                                                   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>GARY G. SCOTT</u>                                                                                   |  | ADDRESS<br><u>3400 COLLEGE AVE. KANSAS CITY, MO.</u>                                |  |
| 18. CAUSE OF DEATH (Type only one cause per line (a), (b), and (c))<br><u>See above</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                              |  | MEDICAL CERTIFICATION                                                                                                                       |  |                                                                                     |  |
| <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of recto-vaginal septum</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Primary site in Vagina</u></p> <p>DUE TO (c) <u>176X</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p><u>Metastasis to liver + mediastinum</u></p> <p><u>Pericarditis with effusion</u></p> |  |                                                                                                                              |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 1/2 yrs.</u>                                                                                       |  |                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                              |  | 6 months                                                                                                                                    |  |                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                              |  | 4 months                                                                                                                                    |  |                                                                                     |  |
| 19a. DATE OF OPERATION<br><u>Dec 1947</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Carcinoma of recto-vaginal septum</u>                                                 |  |                                                                                                                                             |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____                               |  | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____                                                                           |  |                                                                                     |  |
| 21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                       |  | 21f. HOW DID INJURY OCCUR? _____                                                                                                            |  |                                                                                     |  |
| 22. I hereby certify that I attended the deceased from <u>Mar 25</u> , 19 <u>48</u> , to <u>March 22, 1949</u> , that I last saw the deceased alive on <u>March 21, 1949</u> , and that death occurred at <u>9:30 A.</u> m., from the causes and on the date stated above.                                                                                                                                                                                                                                                                                    |  |                                                                                                                              |  |                                                                                                                                             |  |                                                                                     |  |
| 23a. SIGNATURE <u>James H. Dangle</u> (Degree or title) <u>M.D.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                              |  | 23b. ADDRESS <u>411 Alameda Rd. K.C. Mo.</u>                                                                                                |  | 23c. DATE SIGNED <u>Mar. 22, 1949</u>                                               |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 24b. DATE <u>MAR 24 1949</u>                                                                                                 |  | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>                                                                               |  | 24d. LOCATION (City, town, or county) (State)<br><u>KANSAS CITY MISSOURI</u>        |  |
| DATE REC'D BY LOCAL REG. <u>3-24-49</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | REGISTRAR'S SIGNATURE <u>Shiraldine Holmes</u>                                                                               |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer's Sons</u> ADDRESS <u>1401 BRUSH CREEK BLYD KANSAS CITY, MISSOURI</u>                    |  |                                                                                     |  |

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

231 June 1930  
1:30 PM  
Storey

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 \_\_\_\_\_

*Doyle L. Dancer*

Student Embalmer No. *248*

working under my personal supervision.

Signed *Doyle L. Dancer*  
Student Embalmer

Signed *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 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 this body is not embalmed, fact should be so stated above.

Affidavits containing ensues will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo.  
County of Jackson ss.

State File No. 12668  
Local Registrar's No. 1351-49

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18th day of April, 1949, before me appears Gary G. Scott, who, upon his oath, states that the original record of birth for Wila Eva Scott died March 22, 1949, in the State of Missouri, and which was filed at Kansas City on 3-24, 1949 should be corrected as follows:

Item No. .... should read .....

Instead of .....

Item No. 11 should read Acme, Kansas

Instead of Abilene, Kansas

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Gary G. Scott  
Relationship.

3409 College Ave.  
Present Address.

Subscribed and sworn to before me this 18th day of April, 1949.

My Commission expires Oct 21, 1951 Barrie M. Ruppelius Notary Public.

