

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 1 1950

State File No. 8990
1230

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|--|--|--|--|---|---|---|---------------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (In this place) <u>60 YEARS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 3 178</u> | | | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>129 NORTH CHELSEA.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>129 NORTH CHELSEA.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>FLORENCE ELIZABETH</u> | | | a. (First) | | b. (Middle) | | c. (Last) <u>SCOVEL</u> | | |
| 4. DATE OF DEATH <u>MARCH-12-1950</u> | | 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>SEPT. 8 - 1873</u> | |
| 9. AGE (In years last birthday) <u>76 YEARS</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>CINCINNATI, OHIO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>CHARLES SWIFT</u> | | | 13b. MOTHER'S MAIDEN NAME <u>EMILY SMOOT</u> | | | 14. NAME OF HUSBAND OR WIFE <u>JERIMIAH WILLIAM SCOVEL</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>MISS CHARLEIGN SCOVEL</u> ADDRESS <u>129 N. CHELSEA, KANSAS CITY, MO.</u> | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensated myocarditis</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> | |
| | | ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> | | | | | | <u>2 yrs.</u> | |
| | | DUE TO (c) <u>Diabetes</u> | | | | | | <u>2 yrs.</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Jan. 15, 1950</u> , to <u>Mar. 9, 1950</u> that I last saw the deceased alive on <u>Mar. 9, 1950</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>J. J. Pocsik</u> (Degree or title) <u>D.O.</u> | | | | 23b. ADDRESS <u>6518 Independence</u> | | | 23c. DATE SIGNED <u>3/14/50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>MAR. 15-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> | | | |
| DATE REC'D BY LOCAL REG <u>3-15-50</u> | | REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Newcomer's Sons</u> ADDRESS <u>1331 Brush Creek, K.C. Mo.</u> | | | | |

(Licensed Embalmer's Statement - Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *D. D. Nofsinger*

Signed.....
Student Embalmer

Licensed Embalmer No. *3958*

P. O. Address *Kansas City, 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.