

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13242

State File No.

1692

| | | | | | | | | |
|--|--|---|--|---|--|---|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1692</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>) | | c. LENGTH OF STAY (In this place) <u>14 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>5213 Wilburn Court</u> <u>3078</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hosp. 11th & Harrison</u> | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUDIA</u> | | b. (Middle) <u>KATHLEEN</u> | | c. (Last) <u>SCOTT</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4/8/50</u> | | |
| 5. SEX <u>Fem</u> | | 6. COLOR OR RACE <u>Wh</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>1910</u> | | |
| 9. AGE (In years last birthday) <u>40</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 48 HRS. Hours Min. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Topeka, Kans.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Claude R. Euler</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Blanche Stewart</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Stanley W. Scott</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stanley Scott, 5213 Wilburn Court</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute monocytic Leukemia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>three mo</u> <u>2042</u> | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 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) m. | | 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>3/21</u> , 19 <u>50</u> , to <u>4/8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4/8</u> , 19 <u>50</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Name, Degree or title) <u>Wm. Fowler D.O.</u> | | | | 23b. ADDRESS <u>1115 Grand</u> | | 23c. DATE SIGNED | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4/11/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>4-10-50</u> | | REGISTRAR'S SIGNATURE <u>Shelding Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sheil, K. C. Mo.</u> | | ADDRESS | | |

(Licensed Embalmer's Statement on Reverse Side)

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

1115 Grand
After 2 P M Mon.

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.....

John P. Stier

Signed.....
Student Embalmer

..... Licensed Embalmer No. *3625*

..... P. O. Address *56 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.