

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23666

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2984

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY
 c. LENGTH OF STAY (in this place) 54 years
 d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MISSOURI b. COUNTY JACKSON
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3868
 d. STREET ADDRESS (If rural, give location) 6425 MAIN STREET

3. NAME OF DECEASED
 a. (First) OMAR b. (Middle) DECKER c. (Last) SCOTT

4. DATE OF DEATH JULY-5-1950

5. SEX MALE
 6. COLOR OR RACE WHITE
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 5-21-1884
 9. AGE (in years last birthday) 66 YEARS

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER

10b. KIND OF BUSINESS OR INDUSTRY SCOTTLINEN SUPPLY CO.

11. BIRTHPLACE (State or foreign country) DRESDEN, OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hugh A. SCOTT

13b. MOTHER'S MAIDEN NAME Harriett Decker

14. NAME OF HUSBAND OR WIFE AUGUSTA SCOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
 MRS. AUGUSTA SCOTT 6425 MAIN STREET
 KANSAS CITY, MO.

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Brain Thrombosis & Encephalomalacia 57ma
 DUE TO (c) Hypertension & Arteriosclerosis
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Probable Hypertension

INTERVAL BETWEEN ONSET AND DEATH 7 days
 57ma
 33 1/2 hr
 33 1/2 hr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1948, July 5, 1950, that I last saw the deceased alive on July 5, 1950, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE Frank B. Koltz M.D. (Degree or title)

23b. ADDRESS 1530 Ping Bluff

23c. DATE SIGNED 7-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE JULY 8, 1950

24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 7-7-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
 Mrs. Newcomer's Sons 1331 BUSH CREEK BLVD
 KANSAS CITY, MO.

WRITE PLAINLY—USING UNFADING 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.....
Student Embalmer

Signed John C. Fraking
Licensed Embalmer No. 4483

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.