

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23667  
2964

State File No. ....

FILED JUL 22 1950

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>42 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		2618	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4301 BELLEFONTAINE AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>4301 BELLEFONTAINE AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>CORDELL</u>		c. (Last) <u>SCOTTEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 3-1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 25-1894</u>	
9. AGE (In years last birthday) <u>56 YEARS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OPTOMETRIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FOR SELF</u>		11. BIRTHPLACE (State or foreign country) <u>FAYETTE, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM C. SCOTTEN</u>		13b. MOTHER'S MAIDEN NAME <u>NELLIE A. PROCTOR</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. CLETA FAHY SCOTTEN</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>MRS. CLETA FAHY SCOTTEN</u> ADDRESS <u>4301 BELLEFONTAINE KANSAS CITY</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Henopericardium</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rept Dissection Anurysm</u> DUE TO (c) <u>of the Aorta</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  451 1/2					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) 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>July 2, 1950</u> , to <u>July 3, 1950</u> , that I last saw the deceased alive on <u>July 3, 1950</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>GLEN H. BROYLES</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1232 Professional Bldg</u>		23c. DATE SIGNED <u>July 5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>July 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S CREMATORY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>7-5-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MA</u>	

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

10-12:30 P.M.

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 \_\_\_\_\_

*Robert Ray*

Signed .....  
Student Embalmer

Licensed Embalmer No. 14182

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.