

FILED AUG 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26220

BIRTH NO. REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5199 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Osage Township		c. LENGTH OF STAY (In this place) 8 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 2644 Birghton St.	

3. NAME OF DECEASED (Type or Print) a. (First) Roland b. (Middle) Lee c. (Last) Van Scoy			4. DATE OF DEATH (Month) (Day) (Year) Aug. 24, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Jan. 27, 1936	9. AGE (In years last birthday) 14	10. MONTHS 6	11. DAYS 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Lincoln, Nebraska		12. CITIZEN OF WHAT COUNTRY? This, U.S.A.

13a. FATHER'S NAME Charles E. Van Scoy	13b. MOTHER'S MAIDEN NAME Virgie M. Moore	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. C. E. Van Scoy	ADDRESS Kansas City, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation		INTERVAL BETWEEN ONSET AND DEATH Inst. 4:24 P.M.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Accidental Drowning DUE TO (c) Swimming in Lake of the Ozarks		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 015	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Camp	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Osage Township Camden Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 24 - 1950 2:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Drowning - Ditch Swimming
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22. I hereby certify that I attended the deceased from Aug 24, 1950, to Aug 24, 1950, that I last saw the deceased alive on Aug 24, 1950, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Abbe Bankman Weber 3 (Degree or title)	23b. ADDRESS Candenton Mo 8-25-50	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/25/50	24c. NAME OF CEMETERY OR CREMATORY Floral Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 8/25/50	REGISTRAR'S SIGNATURE Gilpho Shaw	42	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Morton Linn, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

150
3

SEP 30 1950

RECEIVED 8-29-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-29-50

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 Harmon M. Moxton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.