

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8706

State File No.

FILED MAR 25 1952

| | | | | |
|---|--------------------|---|---|--|
| BIRTH NO. | | REG. DIST. NO. 150 | PRIMARY REG. DIST. NO. 5572 | Registrar's No. 973 |
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. (If institution; residence before admission). a. STATE Mo b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Independence R. Precinct | | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) Independence 0485 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Emergency Hosp | | d. STREET ADDRESS (If rural, give location) 804 Harkless 1 | | |
| 3. NAME OF DECEASED (Type or Print) Minnie L Scott | | a. (First) | b. (Middle) | c. (Last) |
| 4. DATE OF DEATH Mar 9 - 1952 | | (Month) (Day) (Year) | | |
| 5. SEX F m | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1 | | 8. DATE OF BIRTH June 20 - 1875 |
| 9. AGE (In years last birthday) 76 | | IF UNDER 1 YEAR Months | | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Home wife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Indiana 1 |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | |
| 13a. FATHER'S NAME Theodore Pepper | | 13b. MOTHER'S MAIDEN NAME Nellie Glover | | 14. NAME OF HUSBAND OR WIFE Thomas Scott |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas Scott 804 Harkless Blvd 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacterial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>A vitaminic</u> DUE TO (c) II. 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 | | 20. AUTOPSY? YES <input 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) (Min.) | | 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>2:15 - 2:30</u> , 1952, to <u>9th Mar</u> , 1952, that I last saw the deceased alive on <u>7th Mar</u> , 1952, and that death occurred at _____ m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE Blair C. Bunnenschein M.D. | | 23b. ADDRESS Independence, Mo | | 23c. DATE SIGNED 13 Mar 52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Mar 13 - 1952 | | 24c. NAME OF CEMETERY OR CREMATORY: Oak Grove |
| 24d. LOCATION (City, town, or county) (State) Mo | | 24e. LOCATION (City, town, or county) (State) Mo | | |
| DATE REC'D BY LOCAL REG. 3-13-52 | | REGISTRAR'S SIGNATURE Donald C. Samshaw 378 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wells Funeral Home Blue Springs Mo |

(Licensed Embalmer's Statement on Reverse Side)

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

480

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.....

R B West

Signed.....
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue Spring 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.