

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **19528**

**FILED JUL 5 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **685**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>364.7 M. 21</b>		d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>State Hospital No 2</b>		e. STREET ADDRESS (If rural, give location) <b>2117. Po 9th St.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Rosa</b>	b. (Middle) <b>M</b>	c. (Last) <b>Scott</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
				<b>June 30 52</b>

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>married</b>	<b>8. DATE OF BIRTH</b> <b>not given</b>	<b>9. AGE</b> (in years last birthday) <b>76</b>	<b># UNDER 1 YEAR</b> Months _____ Days _____	<b># UNDER 2 WKS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housework</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Housekeeping</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A</b>
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<b>13a. FATHER'S NAME</b> <b>not given</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>not given</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>not given</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Chris Kapa (Brother)</b>	<b>ADDRESS</b> <b>2117 Po. 9th St. St. Joseph Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Chronic Myocarditis</b>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death <b>Dementia Praecox Heberden's type</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4-4-3X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from June 1, 1952, to June 30, 1952, that I last saw the deceased alive on June 30, 1952, and that death occurred at 12 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Forrest Thomas M.D.</b>	<b>23b. ADDRESS</b> <b>St. Joseph Mo. State Hospital No. 2</b>	<b>23c. DATE SIGNED</b> <b>6/30 52</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>July 2 1952</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Kirkville Mo.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Joseph Mo.</b>
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<b>DATE RECD BY LOCAL REG.</b> <b>July 2, 1952</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Carl C. Co. 446</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Stammy Funeral Home</b>	<b>ADDRESS</b> <b>St. Joseph Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

17

2

300  
48

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Charles E. Bennett

Signed.....  
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph

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.