

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42428**

5329

No. 300
10-48

~~FILED~~ DEC. 20. 1952

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

1. PLACE OF DEATH a. COUNTY JACKSON		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 KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 50 YRS		d. STREET ADDRESS (If rural, give location) 5015 VIRGINIA AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY	b. (Middle) M	c. (Last) SCOTT	4. DATE OF DEATH (Month) (Day) (Year) DEC-4-1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT-2-1902	9. AGE (In years last birthday) 50	10. MONTHS 50	11. DAYS 50	12. HOURS 50	13. MIN. 50
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLANT Supt.	10b. KIND OF BUSINESS OR INDUSTRY MIDWEST-STAMP-DIE CO.	11. BIRTHPLACE (City and State or Foreign Country) Kansas City Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME HARRY B SCOTT	13b. MOTHER'S MAIDEN NAME LOTTIE REID	14. NAME OF HUSBAND OR WIFE Mrs. Mary Ruby Scott
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-03-5292	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Ruby Scott	18. ADDRESS 5015 Virginia Avenue 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 24 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **9/27, 1948**, to **12/4, 1952**, that I last saw the deceased alive on **12/4, 1952** and that death occurred at **3:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. W. Young (Degree or title) M.D.	23b. ADDRESS 1401 S. W. Blvd K.C. Mo.	23c. DATE SIGNED 12/5/52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE DEC-6-1952	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 12-6-52	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE O. W. Newcomer Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Charles H. Stebbins

Licensed Embalmer No. 4560

P. O. Address 1100 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.