

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6274

State File No.

965

FILED MAR 7 - 1953

BIRTH NO.

REG. DIST. NO. 149PRIMARY REG. DIST. NO. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (to the place) <u>3 days</u>	c. CITY OR TOWN <u>Kansas City</u> ⁸⁷⁵⁰		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>General Hospital No. 1</u>			e. STREET ADDRESS (If rural, give location) <u>2617 N. 18th. St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>L.</u>	c. (Last) <u>Scott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 13 53</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>12/16/1910</u>	9. AGE (In years last birthday) <u>42</u>	10. MONTHS <u>1</u> 11. DAYS <u>1</u> 12. HOURS <u>1</u> 13. MIN. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook - Commissary Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commissary Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Burlington Okla</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Charles B. Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Downer</u>	14. NAME OF HUSBAND OR WIFE <u>--</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>573-07-7694</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John C. Martin</u>		ADDRESS <u>2617 No 18th St. OK</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary congestion and edema</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
			DUE TO (b) <u>Cardiac hypertrophy and dilatation</u>		
			DUE TO (c) <u>Obesity</u>		
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.		4343
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)		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>Feb. 10</u> , 19 <u>53</u> , to <u>Feb. 13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb. 13</u> , 19 <u>53</u> and that death occurred at <u>4:50A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>B. I. Burns, M.D.</u>			23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>2-13-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/13/53</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Burlington Okla.</u>	
DATE REC'D BY LOCAL REG. <u>2-14-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Trueman Matney</u> ADDRESS <u>Chapel St. @ Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten mark

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.....
Signature of Student Embalmer

Signed *Mutter D. Erwin*.....

Licensed Embalmer No. *4391*.....

P. O. Address

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**