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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17394  
2748

State File No. \_\_\_\_\_

FILED JUN 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1082 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>CLAY</b> b. COUNTY <b>MO.</b>	
b. CITY OR TOWN <b>KANSAS CITY, MO.</b>	c. LENGTH OF STAY (in this place) <b>26 YRS</b>	c. CITY OR TOWN <b>KANSAS CITY, MO.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3728 N. BALES</b>		e. STREET ADDRESS (If rural, give location) <b>3728 N. BALES</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b> b. (Middle) <b>LOTT</b> c. (Last) <b>SCOTT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 29 1953</b>	
5. SEX <b>D</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT 7, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>77</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>CLAY Co., MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Washington Scott</b>	13b. MOTHER'S MAIDEN NAME <b>Malinda Lott</b>	14. NAME OF HUSBAND OR WIFE <b>Roxie R. Scott</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Cecil Scott</b> ADDRESS <b>3728 N. BALES</b>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma lower lip</b>		<b>3 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>140h</b>
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 checked="" 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 **May 1, 1953**, to **May 29, 1953**, that I last saw the deceased alive on **April 30, 1953**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Arthur B. Smith</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>830 Argyle Bldg. K.C., Mo.</b>	23c. DATE SIGNED <b>5/30/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-31-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. Olive</b>
24d. LOCATION (City, town, or county) (State) <b>CLAY Co. Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer Sons</b> ADDRESS <b>N. K.C. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-30-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	

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 John W. Kalsbeek, Student Embalmer No. 483, working under my personal supervision.

Student John W. Kalsbeek  
Signature of Student Embalmer

Signed Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address K.C. 16, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.