

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25141**
3514

FILED JUL 28 1953

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

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

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 OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 18 YEARS		e. STREET ADDRESS (If rural, give location) 4638 VIRGINIA AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3918 CHARLOTTE STREET GROSSE NURSING HOME		f. STREET ADDRESS 4638 VIRGINIA AVENUE	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) OTTO c. (Last) SCOTT		4. DATE OF DEATH (Month) (Day) (Year) JULY 13 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC-27-1875
9. AGE (In years last birthday) 77	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	11. BIRTHPLACE (City and State or Foreign Country) BURLINGTON, KANSAS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
10b. KIND OF BUSINESS OR INDUSTRY FARMER	13a. FATHER'S NAME THOMAS B. SCOTT	13b. MOTHER'S MAIDEN NAME ELIZABETH LAREMEY	14. NAME OF HUSBAND OR WIFE PEARL SCOTT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 496-01-8301	17. INFORMANT'S SIGNATURE OR NAME Mrs. PEARL SCOTT ADDRESS 4638 VIRGINIA AVENUE KANSAS CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 84 days ? 331X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c)		
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 <u>6/19/1953</u> to <u>7/13/1953</u> , that I last saw the deceased alive on <u>7/11/1953</u> , and that death occurred at <u>7:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Claude G. Farley (Degree or title) M.D. MD		23b. ADDRESS 4526 Penn	23c. DATE SIGNED 7/13/53
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE JULY 15 1953	24c. NAME OF CEMETERY OR CREMATORY GRACELAND CEMETERY	24d. LOCATION (City, town, or county) (State) BURLINGTON KANSAS
DATE REC'D BY LOCAL REG. 7-15-53	REGISTRAR'S SIGNATURE Sheldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

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 *Basil Honey*.....

Licensed Embalmer No. *472*.....

P. O. Address *Ashland,*.....

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.