

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31995**

FILED OCT 15 1953

Registrar's No. **4605**

BIRTH NO. 70910 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>4019 Waddell</u>		3 688 0	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle)	c. (Last) <u>Scott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 23 - 1953</u>
--	------------------------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>9-23-53</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>05</u>	IF UNDER 4 HRS. Hours <u>4</u> Min. <u>05</u>
-----------------	---------------------------	---	---------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. a.</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>Charles Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Mancy Hatfield</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Scott</u>	ADDRESS <u>4019 Waddell</u>
--	-------------------------------------	--	-----------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>770X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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) 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 6:31 AM, 9-23-53, to 12:49 PM, 9-23-53, that I last saw the deceased alive on 9-23-53 and that death occurred at 12:49 m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>General Hospital No. 1</u>	23c. DATE SIGNED <u>9-23-53</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville, Mo.</u>
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>9-23-53</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. D. Hartger</u>	ADDRESS <u>East Lynn, Mo.</u>
---	--	---	-------------------------------

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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.