

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1513**
436
Registrar's No. _____

FILED FEB 11 1954

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

1. PLACE OF DEATH a. CITY 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) 81 YEARS		d. STREET ADDRESS (If rural, give location) 3411 Cleveland Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		35780	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) T.	c. (Last) Scott	4. DATE OF DEATH (Month) (Day) (Year) January 26, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH January 26, 1873	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK	10b. KIND OF BUSINESS OR INDUSTRY MUEHLBACH BREWERY	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MARSHALL B. SCOTT	13b. MOTHER'S MAIDEN NAME LUCY LELAND	14. NAME OF HUSBAND OR WIFE AGNES SCOTT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 495-09-5184	17. INFORMANT'S SIGNATURE OR NAME MRS. FRED WILLIAMS	ADDRESS 3411 CLEVELAND AVE. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 157X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous, liver & lungs		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the Pancreas 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 checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Paul H. Hill	(Degree or title) M.D.	23b. ADDRESS 300 W. 24th St. - 10th Fl. - Kansas City, Mo.	23c. DATE SIGNED 28 Jan 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 28 1954	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 1-27-54	REGISTRAR'S SIGNATURE Steadline Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. Williams	ADDRESS 1328 GREEK
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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 Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address K. C. 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.