

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30816**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4089**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>34 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DEAD ON ARRIVAL AT OLGA CLINIC</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <b>Ralph</b> c. (Last) <b>Scott</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 23 1954</b>	
5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>MAY 20 1897</b>		9. AGE (In years last birthday) <b>57</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Book Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stock Yards Etc.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>OLATHE, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Rpha Scott</b>		13b. MOTHER'S MAIDEN NAME <b>BERTHA Hartsman</b>	
13c. NAME OF HUSBAND OR WIFE <b>Mrs. Eula Scott</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Eula Scott</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I.</b>		16. SOCIAL SECURITY NO. <b>486-01-7341</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Eula Scott</b>		17. ADDRESS <b>3812 Chestnut Ave</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Posterior Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
III. 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"/>		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. LOCATION (City, town, or 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3:30 P.M.</b> , from the causes and on the date stated above.			
23. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)		23b. ADDRESS <b>1034 Prado Blvd</b>	
23c. DATE SIGNED <b>8-24-54</b>			
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>BURIAL</b>		24b. DATE <b>Aug. 26, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>OLATHE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>OLATHE KANSAS</b>	
DATE REC'D BY LOCAL REG. <b>8-25-54</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>P.W. NEWCOMER'S SON'S K.C. Mo.</b>		ADDRESS <b>1331 BRUSH CREEK</b>	

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 *Richard C. Rogers*

Licensed Embalmer No. *495*

P. O. Address *Kanawha*

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.