

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

No. 300
10.48

FILED JAN 3 1955

State File No. **41199**
5729

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jackson	a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (in this place) 37 Yrs.	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. 1727 Bristol		e. STREET ADDRESS (If rural, give location) 1727 Bristol	32180

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Aubery	b. (Middle) Clinton	c. (Last) Scott Sr.	(Month) Dec.	(Day) 13,	(Year) 1954

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 22, 1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Worker	10b. KIND OF BUSINESS OR INDUSTRY Union Wire Rope	11. BIRTHPLACE (City and State or Foreign Country) Love's Crossroads, Ky.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Garrett H. Scott	13b. MOTHER'S MAIDEN NAME Williams	14. NAME OF HUSBAND OR WIFE Martha Jane Scott
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 487-03-0892	17. INFORMANT'S SIGNATURE OR NAME Martha Jane Scott	ADDRESS 1727 Bristol
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intestinal tumors		

19a. DATE OF OPERATION Sept 1954	19b. MAJOR FINDINGS OF OPERATION Cancers	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 Sept 3, 1954, to Dec 13, 1954, that I last saw the deceased alive on Dec 13, 1954, and that death occurred at 6:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE Arthur L. Pickrell D.O.	23b. ADDRESS 5959 East 13th	23c. DATE SIGNED Dec. 14-1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/16/54	24c. NAME OF CEMETERY OR CREMATORY Floral Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 12-14-54	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons	ADDRESS 4139 Truman Rd. K.C., Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Pickvett
5754 E. 12th St.
Ch. 0262

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 *James W. Earp*.....

Licensed Embalmer No. *462*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.