

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29833
State File No. 4005

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

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|---|--|---|---|
| 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 town or 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"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2 | | STREET ADDRESS (If rural, give location) 1606 Paseo | |

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|-------------------------------------|---------------------------|-----------------------|------------------------|---------------------------------------|--------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Charlie | b. (Middle) E. | c. (Last) Scott | 4. DATE OF DEATH (Month) (Day) (Year) | 9 11 1955 |
|-------------------------------------|---------------------------|-----------------------|------------------------|---------------------------------------|--------------------------------|

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|--------------------|-------------------------------|--|--------------------------------------|---|------------------------|-----------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH Aug 18, 1878 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | IF UNDER 45 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer | 10b. KIND OF BUSINESS OR INDUSTRY retired | 11. BIRTHPLACE (City and State or Foreign Country) West Virginia | 12. CITIZEN OF WHAT COUNTRY? USA |
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|---------------------------------------|---|--|
| 13a. FATHER'S NAME Jesse Scott | 13b. MOTHER'S MAIDEN NAME Mamie ? unknown | 14. NAME OF HUSBAND OR WIFE unknown |
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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. _____ | 17. INFORMANT'S SIGNATURE OR NAME Zella Woolley | ADDRESS 1606 Paseo |
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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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 443 X |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
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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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from 8-27-55, 1955, to 9-11-55, 1955, that I last saw the deceased alive on 9-10-55, 1955, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

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|---|----------------------|---------------------------------|---------------------------------|
| 23a. SIGNATURE E. Frank Ellis M.D. | (Degree or title) of | 23b. ADDRESS 600 E. 22nd | 23c. DATE SIGNED 9-12-55 |
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|---|---------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE Sept. 15, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Lincoln | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. |
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| DATE REC'D BY LOCAL REG. 9-13-55 | REGISTRAR'S SIGNATURE Neva Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE Walter's Bros. Funeral Home | ADDRESS 17th & Benton |
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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.....
Signature of Student Embalmer

Signed..... *Grace P. Watters*

Licensed Embalmer No..... *450*

P. O. Address..... *10th Street*

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.