

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40868

State File No. _____

FILED DEC 28 1955

5142

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

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>30 Years</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	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 <u>RESEARCH HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>6935 So. BENTON 38880</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>SCURLOCK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 24, 1955</u>
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5. SEX <u>1</u> <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED-NEVER MARRIED, WIDOWED-DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG-30, 1888</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City, and State or Foreign Country) <u>Knoxville, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		

13a. FATHER'S NAME <u>JAMES PICKEL</u>	13b. MOTHER'S MAIDEN NAME <u>Laura W. _____</u>	14. NAME OF HUSBAND OR WIFE <u>OWEN SCURLOCK</u>
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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) <u>NO</u> <u>NONE</u>	16. SOCIAL SECURITY NO. <u>492-26-3552</u>	17. INFORMANT'S SIGNATURE OR NAME <u>OWEN SCURLOCK</u>	ADDRESS <u>4935 So. Benton</u>
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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 <u>3 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery occlusion</u>		DUE TO (b) <u>Coronary artery sclerosis</u> <u>5 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</u>

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?
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22. I hereby certify that I attended the deceased from July 17, 1949, to 11/24/1955, that I last saw the deceased alive on 11/24/1955, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Claude C. Farley MD</u>	23b. ADDRESS <u>4526 Paces</u>	23c. DATE SIGNED <u>11/24/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Mt. Washington Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-26-55</u>	REGISTRAR'S SIGNATURE <u>Reva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Claude C. Farley

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 *Edward M. Stone*
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Licensed Embalmer No.....

P. O. Address *K.C. 10*

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.