

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5094

State File No. _____

752

FILED MAR 8 1956

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

1. PLACE OF DEATH
a. COUNTRY 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. LENGTH OF STAY (in this place) 14 yrs. c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2 STREET ADDRESS (If rural, give location) 1415 Kensington 23 3238

3. NAME OF DECEASED (Type or Print) a. (First) Odessa b. (Middle) Scercy (Last) _____ 4. DATE OF DEATH (Month) (Day) (Year) 2 14 1956

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH April 7, 1918 9. AGE (in years less birthday) 37 yrs. 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) House Wife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and State or Foreign Country) Quindaro, Kansas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Scercy 13b. MOTHER'S MAIDEN NAME Ethel Mae Johnson 14. NAME OF HUSBAND OR WIFE Inone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. 496-10-1602 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Charles 1415 Kensington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
ANTECEDENT CAUSES
DUE TO (b) Malignant hypertension
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Chronic glomerulor nephritis.

INTERVAL BETWEEN ONSET AND DEATH 4201

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-26-56, 19____, to 2-14-56, 19____, that I last saw the deceased alive on 2-14-56, 19____, and that death occurred at 9:35 Am., from the causes and on the date stated above.

23a. SIGNATURE W. R. Peterson (Degree or title) M.D. 23b. ADDRESS 600 East 22nd Street 23c. DATE SIGNED 2-15-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2/18/1956 24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG. 2-19-56 REGISTRAR'S SIGNATURE Neve Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lat. Davis 1415 E. Truman Rd., K.C. Mo.

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 *Laudis L. Jackson*.....

Licensed Embalmer No. *483*.....

P. O. Address *R.C.M.*.....

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.