

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

16580

State File No. \_\_\_\_\_

2187

FILED JUN 13 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1007 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> c. LENGTH OF STAY (to this place) <b>1 Wk.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Prairie</b> d. STREET ADDRESS (If rural, give location) <b>1 Mi. North Lee's Summit</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Blaine</b> c. (Last) <b>Scarlet</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 18, 1956</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 2, 1884</b>
<b>9. AGE</b> (In years last birthday) <b>71</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 15 HRS.</b> Hours _____ Min. _____	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Cook</b>
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Resturant</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Westbaden, Indiana</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>
<b>13a. FATHER'S NAME</b> <b>Bedford Scarlet</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Jane Smith</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased - unk.</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) <b>No.</b>	<b>16. SOCIAL SECURITY NO.</b> <b>310-05-2198</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Martin Mueller, Lee's Summit</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (c)</b> <b>Myelogenous Leukemia</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 yr.</b>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>11-9</u>, 19<u>54</u>, to <u>5-17</u>, 19<u>56</u>, that I last saw the deceased alive on <u>5-17</u>, 19<u>56</u> and that death occurred at <u>7:00</u> Am., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>C. Martin Mueller M.D.</b>		<b>23b. ADDRESS</b> <b>Lee's Summit 740</b>	<b>23c. DATE SIGNED</b> <b>5/18/56</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>5-19-1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>French Lick, Ind. Cem.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>French Lick, Indiana</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>5-19-56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>neva minshall</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Ritter Funeral Home, French Lick, I</b>	

(Licensed Embalmer's Statement on Reverse Side)

Ind.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Cliff L. Miller

**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 .....  
Student Embalmer

Signed *N. B. Langford Jr.*  
Licensed Embalmer No. *4962*  
P. O. Address *Lees Summit*

**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 this body is not embalmed, fact should be so stated above.