

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

20704

2628

FILED JUL 5 1956

Registration District No. 149 Primary Registration District No. 1003 Registrar's No.

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, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY 3408 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WHEATLEY HOSPITAL		d. STREET ADDRESS (If outside, give location) 2805 Olive Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb 12 yrs.		40	

3. NAME OF DECEASED (Type or print) Roxie J. Scott First Middle Last			4. DATE OF DEATH June 13, 1956 Month Day Year		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH August 6, 1913	9. AGE (In years last birthday) 42 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lady Attendant		10b. KIND OF BUSINESS OR INDUSTRY Milgram's Golf Court		11. BIRTHPLACE (City and state or country) Wapanucka, Oklahoma	
13. FATHER'S NAME Willie McCoy			14. MOTHER'S MAIDEN NAME Mearvia McCoy		
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. 458-07-8408		17. INFORMANT Address Charlotte McCoy 2805 Olive	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inter Ventricular Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Ruptured Aneurism of the Brain	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour 10:30 Month 6 Day 13 Year 1956 a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Oklahoma City	STATE OKLAHOMA
21. I attended the deceased from June 1, 1956 , to June 13, 1956 and last saw ^{her} him alive on June 13, 1956 Death occurred at 10:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE P. C. Turner (Degree or title)		22b. ADDRESS 1433 E. 19th	22c. DATE SIGNED 6-14-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/17/56	23c. NAME OF CEMETERY OR CREMATORY Rolf Brothers Funeral Hg.	23d. LOCATION (City, town, or county) (State) Oklahoma City, Oklahoma
24. FUNERAL DIRECTOR ADDRESS Watkins Brothers Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 6-14-56	26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Disorders in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bruce R. Watkins*.....

Licensed Embalmer No...*7*

P. O. Address...*18th Y*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.