

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1956

STATE FILE NUMBER

3643

Registration District No. 149 Primary Registration District No. 1002 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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY ¹²⁰⁰ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSPITAL		Length of stay in lb 43 days	d. STREET ADDRESS 5848 E. 50 Highway (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE Last LYLE E. SCOTT	4. DATE OF DEATH Month Day Year 8th 17 1956
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5. SEX MALE ^D	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-6-00	9. AGE (In years last birthday) 56 yrs	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance MAN	10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE FIRM	11. BIRTHPLACE (City and state or country) Adell, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
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13. FATHER'S NAME E. W. Scott	14. MOTHER'S MAIDEN NAME Nellie Luce
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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) Yes 6-10-18 to 3-20-19	16. SOCIAL SECURITY NO. 500 10 4519	17. INFORMANT Address V. A. Hospital Records, K.C., Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) i Carcinoma of head of pancreas with metastases Interval between onset and death 1 year	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	157X
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Laennec's cirrhosis	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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, Month, Day, Year 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 COUNTY STATE

21. attended the deceased from July 5, 1956 to August 17, 1956
Death occurred at 2:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Sign or file) IRWIN JOFFE, M.D. <i>Irwin Joffe</i>	22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 8-17-56
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23a. BURIAL, CREMATION, OR OTHER (Specify) BURIAL	23b. DATE AUG. 20, 1956	23c. NAME OF CEMETERY OR CREMATORY VETERAN'S ADMINISTRATION CEMETERY	23d. LOCATION (City, town, or county) (State) WADSWORTH KANSAS
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24. FUNERAL DIRECTOR ADDRESS A. H. Newcomer's Sons, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 8-20-56	26. REGISTRAR'S SIGNATURE <i>New Minshall</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Chester K. Brown

Licensed Embalmer No.....

P. O. Address.....
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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.