

Health,  
& Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1956

30941

STATE FILE NUMBER

3740

Registration District No. 149 Primary Registration District 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, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3347 HARRISON</u>			Length of stay in lb <u>53 yrs</u>		d. STREET ADDRESS <u>3347 HARRISON</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>FLOYD</u> Last <u>SCOTT</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>24</u> Year <u>1956</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 21, 1869</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done if retired) <u>FORGEMAN</u> <u>SELF EMPLOYED</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>PEARLESS SALES COMPANY</u>		11. PLACE (City and state or country) <u>SPRINGFIELD, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>OLIVER SCOTT</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN STUBBLEFIELD</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-16-0637A</u>		17. INFORMANT <u>MRS. CATHERINE E. SCOTT</u> Address <u>3347 HARRISON, KANSAS CITY, MO.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Primary Pulmonary carcinoma of the lung</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Obesity</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Positive diag 3 years</u> <u>1102X</u>		
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		CITY _____ STATE _____			
21. I attended the deceased from <u>1951</u> to <u>Present</u> and last saw <sup>her</sup> him alive on <u>8-23-56</u> Death occurred at <u>11:50</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Anthony J. Long</u> (Degree or title)				22b. ADDRESS <u>924 Linwood</u>		22c. DATE SIGNED <u>8/24/56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		23b. DATE <u>AUG-26-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DW. NEWCOMER'S SONS</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>				
24. FUNERAL DIRECTOR <u>DW. NEWCOMER'S SONS KANSAS CITY, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>8-25-56</u>		26. REGISTRAR'S SIGNATURE <u>neva marshall</u>				

(Licensed Embalmer's Statement on Reverse Side)

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 *Paul R. Williamson*.....

Licensed Embalmer No. *500*

P. O. Address *K.C. Mo.*

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