

STANDARD CERTIFICATE OF DEATH

13397

STATE FILE NUMBER

1471

FILED APR 16 1957

2914 15468-57 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

|   |                                  |   |  |  |  |   |   |                     |
|---|----------------------------------|---|--|--|--|---|---|---------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Johnson Jackson</u>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u> |  |   |   |                     |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Kansas City</u>  |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         | c. CITY<br>OR<br>TOWN <u>Mission</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      |   |                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>St. Lukes Hosp.</u>  |                                  |   | Length of stay in lb<br><u>Life</u>  | 8150<br>d. STREET<br>ADDRESS <u>5848 Granada Lane</u>  |  | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |                     |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Baby</u> Middle <u>Boy</u> Last <u>Scotfield</u>  |                                  |   |  | 4. DATE OF DEATH<br>Month <u>MARCH</u> Day <u>14</u> Year <u>1957</u>  |  |   |   |                     |
| 5. SEX<br><u>male</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>3-14-57</u>   |  | 9. AGE (In years last birthday)<br>IF UNDER 1 YEAR<br>Months _____ Days _____                             | IF UNDER 24 HRS.<br>Hours <u>5</u> Min. <u>10</u>                 |                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and state or country)<br><u>Kansas City, Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                        |                     |
| 13. FATHER'S NAME<br><u>Gerald Gene Scotfield</u>   |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Harlene LaVaughn Reed</u>   |  |   |   |                     |
| 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.<br><u>none</u>  |  | 17. INFORMANT<br>Address <u>Scotfield</u><br><u>Mrs. Harlan Reed Mission, Mo.</u>  |  |   |   |                     |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Prematurity</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Cerebral hemorrhage due to anoxia</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                                  |   |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 hours</u><br><u>1615</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<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____   |                                  |   |  |  |  |   |   |                     |
| 20d. INJURY OCCURRED<br>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<br><u>Kansas City</u>   |  |   | COUNTY<br><u>Johnson</u>  | STATE<br><u>Mo.</u> |
| 21. I attended the deceased from <u>3/14/57</u> to <u>3/14/57</u> and last saw him alive on <u>3/14/57</u><br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |  |  |   |   |                     |
| 22a. SIGNATURE<br><u>Floyd C. Atwell M.D.</u> (Degree or title)   |                                  |   |  | 22b. ADDRESS<br><u>Kansas City Mo</u>  |  | 22c. DATE SIGNED<br><u>3/28/57</u>  |   |                     |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |                                  | 23b. DATE<br><u>3-14-57</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Hospital Disposed</u>                               |  | 23d. LOCATION (City, town, or county)<br><u>Kansas City, Mo.</u>           |   | (State)   |                     |
| 24. FUNERAL DIRECTOR<br><u>Dr. Brown, St. Lukes Hosp.</u>   |                                  |   | ADDRESS  |  | 25. DATE RECD. BY LOCAL REG.<br><u>3-29-57</u>                             | 26. REGISTRAR'S SIGNATURE<br><u>Heavis Moonshall</u>  |   |                     |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Floyd C. Atwell

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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..... *David M. Gibson M.D.*  
*St. Luke's Hospital K.C.*  
Licensed Embalmer No.....

P. O. Address.....

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