

FILED JUN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 1345
State File No. 2609

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death) a. STATE <u>KANSAS</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>12 DAYS</u>		c. CITY OR TOWN <u>PLEASWOOD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes</u>				e. STREET ADDRESS (If rural, give location) <u>815 2615 W 83rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u>		b. (Middle) <u>H</u>		c. (Last) <u>Scott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-1-57</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRITAL STATUS (Married, Widowed, Divorced, etc.) <u>2</u>		8. DATE OF BIRTH <u>8-10-87</u>		9. AGE (In years last birthday) <u>69</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>NEBR.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. B. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Dennis</u>		14. NAME OF HUSBAND OR WIFE <u>unknown ZENN SCOTT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Scott</u> ADDRESS <u>Frankfort</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial fibrosis</u> ANTECEDENT CAUSES <u>Coronary atherosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>None</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____			

19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc.) <u>no</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>no</u>		21d. (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>May 19, 1957</u> , to <u>June 1, 1957</u> , that I last saw the deceased alive on <u>May 31, 1957</u> , and that death occurred at <u>6:00 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Nelson E. Powell, M.D.</u>				23b. ADDRESS <u>1630 Professional Bldg., KC, Mo.</u>		23c. DATE SIGNED <u>June 2, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-3-57</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Frankfort Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Frankfort Kans.</u>	
DATE REC'D BY LOCAL REG. <u>6-3-57</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar Scott</u> ADDRESS <u>PODDEN FUNERAL HOME - FRANKFORT, KANS.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD Nelson E. Powell

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 *John R. Peterson*
Licensed Embalmer No. *4531*
P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.