

Health, Welfare, Public Service

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24817  
STATE FILE NUMBER  
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3416

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>              |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Kansas City</b><br>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 INSTITUTION <b>Gen'l Hosp. #1</b> |  | Length of stay in lb <b>20 yrs.</b>  | d. STREET ADDRESS <b>2690 4512 Broadway</b> (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Martha</b> Middle <b>Eva</b> Last <b>Scott</b> |  |  | 4. DATE OF DEATH<br>Month <b>7</b> Day <b>17</b> Year <b>1957</b> |  |  |
|--|--|--|---|--|--|

|                      |                               |   |                                    |   |                                      |                      |
|----------------------|-------------------------------|---|------------------------------------|---|--------------------------------------|----------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>10-15-1868</b> | 9. AGE (In years less thirty day) <b>88</b> | 10. FUNDER YEAR<br>Months Days Hours | 11. IF UNDER 24 HRS. |
|----------------------|-------------------------------|---|------------------------------------|---|--------------------------------------|----------------------|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Post Mistress</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Post Office</b> | 11. BIRTHPLACE (City and state or country)<br><b>Ohio</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|---|---|---|---|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><b>John K. Williams</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Nancy P. Huston</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Charles H. Scott</b> |
|---|---|--|

|  |  |  |
|--|--|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>none</b> | 17. INFORMANT<br><b>Mrs. Eva Ellis</b><br>Address <b>4512 Broadway</b> |
|--|--|--|

|   |   |
|---|---|
| 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) <b>Pulmonary edema</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>4200</b> |
|---|---|

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **arteriosclerotic heart disease**

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?<br>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<br>Hour _____ 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<br>COUNTY _____ STATE _____ |
|---|--|--|--|

|  |  |
|--|--|
| 21. I attended the deceased from <b>July 13, 1957</b> to <b>July 17, 1957</b> and last saw her <sup>her</sup> <sub>on</sub> alive on <b>July 17, 1957</b><br>Death occurred at <b>5:55 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |
|--|--|

|   |  |                                    |
|---|--|------------------------------------|
| 22a. SIGNATURE<br><b>R. S. Burns M.D.</b> (Degree or title) | 22b. ADDRESS<br><b>24th &amp; Cherry</b> | 22c. DATE SIGNED<br><b>7-18-57</b> |
|---|--|------------------------------------|

|   |                             |   |   |
|---|-----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>7-18-57</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Masonic Cem.</b> | 23d. LOCATION (City, town, or country) (State)<br><b>Silman City, Mo.</b> |
|---|-----------------------------|---|---|

|   |         |  |   |
|---|---------|--|---|
| 24. FUNERAL DIRECTOR<br><b>Dixon L. Kephley, Indef. Mo.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>7-20-57</b> | 26. REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b> |
|---|---------|--|---|

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No.....

P. O. Address.....

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.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRIT

MEDICAL CERTIFICATION

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

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  NO 20a. ACCIDENT  SUICIDE  HOMICIDE 

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour \_\_\_\_\_  
a.m. \_\_\_\_\_  
p.m. \_\_\_\_\_  
Month, Day, Year \_\_\_\_\_20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK 

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 13, 1957 to July 17, 1957 and last saw her alive on July 17, 1957  
Death occurred at 5:55 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(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 .....

*Wilton L. Taylor*

Licensed Embalmer No. ....

4225

P. O. Address .....

*Ludger Inc*

24817  
(1957)



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.