

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44589
STATE FILE NUMBER
6022
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Independence</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>U A Hospital</u>			Length of stay in 1b <u>112 days</u>		d. STREET ADDRESS (If outside, give location) <u>1206 Woodland</u>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Wilson</u> Middle <u>W</u> Last <u>Scott</u>				4. DATE OF DEATH Month <u>December</u> Day <u>16</u> Year <u>1957</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>Feb-7-1896</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u> Hours <u>1</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) <u>Tool & die maker</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Hanson Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>William W. Scott</u>				14. MOTHER'S MAIDEN NAME <u>Ella Hudson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>WWI</u>			16. SOCIAL SECURITY NO. <u>490 09 0117</u>		17. INFORMANT <u>Ethel Scott</u> Address <u>Indep. 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>Bronchopneumonia, right lung atelectasis of lungs, bilateral</u> DUE TO (b) <u>Bilateral hydrothorax, marked recurrent carcinoma of sigmoid with abdominal and thoracic metastases</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)							INTERVAL BETWEEN ONSET AND DEATH <u>153+</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 _____ 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. I attended the deceased from <u>Aug-28-57</u> to <u>Dec-16-57</u> and last saw ^{her} _{him} alive on <u>12-16-57</u> Death occurred at <u>9:50 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>A. J. Williams</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>U.A. Hospital Kansas City Mo</u>		22c. DATE SIGNED <u>12-16-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 17 - 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mound of Grace</u>		23d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>		
24. FUNERAL DIRECTOR <u>Robert A. Speaks</u> ADDRESS <u>Indep. Mo</u>			25. DATE RECD. BY LOCAL REG. <u>12-19-57</u>		26. REGISTRAR'S SIGNATURE <u>Frederic Minshall</u>		

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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 *Wm. Y. Miller*.....

Licensed Embalmer No. *478*

P. O. Address *Indep. Mo.*

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.