

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005834
State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 436

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, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>45 1/2 DAYS</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>KANSAS CITY TUBERCULOSIS HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>7516 SNI-BAR RD.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>O.</u>	
c. (Last) <u>SCOTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 25-1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 3-1897</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter Rawlings Const. Co</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Helens Ore.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henery A. Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Beagle</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Scott</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W. Navy</u>	
16. SOCIAL SECURITY NO. <u>495-10-2831</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Scott 7516 Sni-A-Bar Rd.</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>PULMONARY TUBERCULOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>JAN. 20</u> , 19 <u>58</u> , to <u>JAN. 25</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>JAN. 25</u> , 19 <u>58</u> , and that death occurred at <u>8:00 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Edward P. Altomare M.D.</u>		23b. ADDRESS <u>T. B. Hosp. K-c Mo</u>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1/28/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earp & Sons Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-27-58</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Edward P. Altomare

13

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 B. Camp*

Licensed Embalmer No. 295

P. O. Address *J.C. 2nd*

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.