RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032569

FILED VS SEP 25 1959

Registration District No. 141 Primary Registration District No. 1002 Registrar's No. 4470 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: Over 25 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2830 Harrison
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: William Middle: Last: Scott
4. DATE OF DEATH: Month 9 Day 10 Year 59
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 1886
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Apt. Bldg.
11. BIRTHPLACE (City and state or country): San Antonio, Texas
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: William Scott
13b. MOTHER'S MAIDEN NAME: Mary (unknown)
14. NAME OF HUSBAND OR WIFE: Mary Scott
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.: 492-18-8144
17. INFORMANT: Catherine Howard, 4113 Troost
Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): widespread carcinoma, primary orgin unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 WORK ☐ 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 8-26-59, to 9-10-59 and last saw ~~him~~ him alive on 9-10-59
Death occurred at 11:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Abraham Gelperin (Degree or title) M.D.
22b. ADDRESS: 2400 Cherry
22c. DATE SIGNED: 9-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/15/59
23c. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR: Badeau, Appleton & Jones, K.C., Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 9-14-59
26. REGISTRAR'S SIGNATURE: Reva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Abraham Gelperin M. D. MEDICAL CERTIFICATION

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Eddie Middleton

Signature of Student Embalmer

Licensed Embalmer No. 5046

P. O. Address Kansas City Mo.

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