

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015625

FILED VS MAY 16 1960

149

Registration District No. Primary Registration District No. 1002 Registrar's No.

2429

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 41 yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WHEATLEY HOSPT.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1614 Virginia			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALICE Middle SCOTT Last				4. DATE OF DEATH Month April Day 29, Year 1960			
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 3-18-1919	9. AGE (last birthday) 41 yrs.	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) Egg Candler			10b. KIND OF BUSINESS OR INDUSTRY Monarch Egg Co		11. BIRTHPLACE (City and state or country) Kans. City, Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William T. Scott			13b. MOTHER'S MAIDEN NAME Lillie McGee		14. NAME OF HUSBAND OR WIFE —		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 1-87-12-8131	17. INFORMANT Dillie Mae Riddlespiger 1305 Wabash			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Death from Rat Poisoning</i> 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) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) <i>Work rat poisoning</i>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>4. 29 60</i>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>all</i>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <i>Kans. City Jackson MO</i>						
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Hugh H Owens Curator</i>				22b. ADDRESS <i>1034 Realto Bldg</i>			22c. DATE SIGNED <i>5-2-60</i>
23f. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May 5, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lincoln</i>		23d. LOCATION (City, town, or county) <i>Kans. City, Missouri</i>		(State)	
24. FUNERAL DIRECTOR ADDRESS <i>WATKINS BROS. 18th & Benton Blvd.</i>				25. DATE RECD. BY LOCAL REG. <i>5-2-60</i>	26. REGISTRAR'S SIGNATURE <i>neva mitchell</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF HUGH OWENS

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 _____
Signature of Student Embalmer

Signed Pence R. Warden

Licensed Embalmer No. 4500

P. O. Address 1864

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