

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015627

FILED VS. MAY 16 1960

149

Primary Registration District No. 1002, Registrar's No. 2312

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in lb <b>25 yrs</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3809 Baltimore</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Julia</b> Middle <b>Agnes</b> Last <b>Scott</b>			4. DATE OF DEATH Month <b>4</b> Day <b>24</b> Year <b>1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-10-1873</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Sedalia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Michael Murphy</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Falvey</b>		14. NAME OF HUSBAND OR WIFE <b>George A. Scott</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Miss Ruth Ann Scott</b> Address <b>3809 Baltimore</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Myocardial Infarction, Posterior</b>		<b>5 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary Sclerosis &amp; Insufficiency</b>	<b>10 yrs</b>
	DUE TO (c) <b>Generalized Arteriosclerosis</b>	<b>20 yrs</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not reported as terminal disease condition given in PART I (a) <b>6 yrs - Paget's Disease Rt Breast &amp; Nipple with Metastases</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WKS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour _____ a.m. _____ p.m. Month, Day, Year _____					

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 <b>25 Sept 58</b> to <b>24 Apr 60</b> and last saw her alive on <b>24 April '60</b> Death occurred at <b>8 p</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE <b>R Glenn Elliott</b> (Print name and title)	22b. ADDRESS <b>1102 Grand KCB Mo</b>	22c. DATE SIGNED <b>25 April 60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial &amp; Rem</b>	23b. DATE <b>4-27-1960</b>	23c. NAME OF CEMETERY-OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) <b>Sedalia, Missouri</b>
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24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eyler</b> ADDRESS <b>20 W. Linwood</b>	25. DATE RECD. BY LOCAL REG. <b>4-25-60</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>
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K.C.L.11, Mo. (Signed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Glenn Elliott, Medical Certification

Dr. R. G. F.  
Bryant

**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 Wm. H. Perry

Licensed Embalmer No. 5038

P. O. Address K.C. 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.