

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042269

FILED VS. NOV 17 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5499

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 50 years		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 4928 WALROND AVENUE	
3. NAME OF DECEASED (Type or print) First EDWIN Middle FRANK Last SCOTT				4. DATE OF DEATH Month OCTOBER Day 31 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-4-09	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERICAL			10b. KIND OF BUSINESS OR INDUSTRY VARO CLERK RETIRED		11. BIRTHPLACE (City and state or country) ALTON, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME C. FRANK SCOTT			13b. MOTHER'S MAIDEN NAME EVELYN COPPEAGE		14. NAME OF HUSBAND OR WIFE GERTRUDE SCOTT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW 2			16. SOCIAL SECURITY NO. 489-18-5885		17. INFORMANT Address Gertrude Scott, wife, 4928 Walrond, K.C., Mo. Official Records VA Hospital, K.C., Mo.		
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) acute cor pulmonale							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) pulmonary embolism							
DUE TO (c) pulmonary emphysema and pulmonary TBC.							
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 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. Attended the deceased from September 3, 1960 to October 31, 1960 by see above							
Death occurred at 2815 8 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) F. J. Ammatelli M.D.			22b. ADDRESS VA Hospital K.C., Mo.			22c. DATE SIGNED 10-31-60	
23a. BURIAL CREMATION, REBURY, OR REMOVAL (Specify)	23b. DATE OCT. 31, 1960	23c. NAME OF CEMETERY OR CREMATORY SMITH CEMETERY		23d. LOCATION (City, town, or county) ALTON MISSOURI			
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 10-31-60	26. REGISTRAR'S SIGNATURE W L Dwyer		

DOCUMENT

F. J. Ammatelli Medical Certification MD

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marcus D. Preston

Licensed Embalmer No. 504

P. O. Address H.C. M.

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