No. 300
10.48

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 1 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37240

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4810

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 28 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Lutheran Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 25
d. STREET ADDRESS (If rural, give location): 3416 Cherry Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): Gertrude
b. (Middle): L.
c. (Last): Scott

**4. DATE OF DEATH** (Month) (Day) (Year): Nov-15-50

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Feb 2-1882
**9. AGE** (In years last birthday): 68
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Home
**10b. KIND OF BUSINESS OR INDUSTRY**: Housewife
**11. BIRTHPLACE** (State or foreign country): Racine Wisconsin
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Charles W. Lamberton
**13b. MOTHER'S MAIDEN NAME**: Cassie Jane Roberts
**14. NAME OF HUSBAND OR WIFE**: Elbert E. Scott

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): ----
**16. SOCIAL SECURITY NO.**: 488-22-3503A
**17. INFORMANT'S SIGNATURE OR NAME**: Mr. Elbert E. Scott
ADDRESS: 3416 Cherry Street Kansas City, Mo

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac dilatation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) pulmonary edema
DUE TO (c) Mesenteric Thrombosis, Venous. — 5 10 20

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 ☒ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Nov 15 19 50, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:30 A. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: J. H. Hill (Degree or title): M.D.
**23b. ADDRESS**: 3001 Wyandotte St Kc Mo
**23c. DATE SIGNED**: 15 Nov 50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Nov-17-1950
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Moriah Cemetery
**24d. LOCATION** (City, town, or county) (State): Kansas City Missouri

**DATE REC'D BY LOCAL REG.**: 11-17-50
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: D.W. Newcomer's Sons
ADDRESS: 1331 Brush Creek Blvd. Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Charles H Stickney

Signed.....
Student Embalmer

Licensed Embalmer No. 4560

P. O. Address KC, 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 this body is not embalmed, fact should be so stated above.**