

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16798  
2110

FILED JUN 5 1951

BIRTH NO. 22293-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2110

108

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

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (In this place) life d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL HOSPITAL #2		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY d. STREET ADDRESS (If rural, give location) 2329 Olive Street	
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3. NAME OF DECEASED (Type or Print) a. (First) STEVEN b. (Middle) c. (Last) SCOTT	4. DATE OF DEATH (Month) (Day) (Year) MARCH 24 1951
5. SEX male 2	6. COLOR OR RACE NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0	8. DATE OF BIRTH MARCH 24 1951
9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI 0	12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME --	13b. MOTHER'S MAIDEN NAME ELIZABETH JENNIE ADAMS	14. NAME OF HUSBAND OR WIFE none
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. none	17. INFORMANT'S SIGNATURE OR NAME ELIZABETH JENNIE SCOTT
		ADDRESS 2329 Olive Street

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTERSTITIAL & SUBARACHNOID HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b)		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY ATELECTASIS		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24, 1951, to 3-24, 1951, that I last saw the deceased alive on 3-24, 1951, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis M.D.	(Degree or title)	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 3-30-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Christ	24b. DATE 5-16-51	24c. NAME OF CEMETERY OR CREMATORY Leeds Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City MO
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DATE REC'D BY LOCAL REG. 5-16-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. ...	ADDRESS 15 E MO
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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.....

*Not Embalmed*

working under my personal supervision.

Student Embalmer No.....

Signed..... *Wm. A. Sawyer*

Signed.....

Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *TC 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.