

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37560

State File No. _____

FILED DEC 15 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5162

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>3 Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POWERSVILLE 1860</u>	
		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>E.</u> c. (Last) <u>Scott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 2 1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MAY-21-1870</u>	9. AGE (In years last birthday) <u>81</u> If under 1 year: Months <u>6</u> Days <u>14</u> If under 12 mos: Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own None</u>	11. BIRTHPLACE (State or foreign country) <u>Putnam County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>G.W. Fields</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy P Duree</u>	14. NAME OF HUSBAND OR WIFE <u>George N. Scott</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Oeta Whitley</u> ADDRESS <u>6021 Locust Kansas City, Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the head of the pancreas resulting in metastases to the liver with cachexia.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 mos</u> <u>157X</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>3-30-50</u> <u>10-11-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the pancreas.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from As Pathologist on 12-2, 1951, and that death occurred at 5:30 a.m., from the cause and on the date stated above.

23a. SIGNATURE (In full name) <u>Kathleen K. Ollibandy, M.D.</u>	23b. ADDRESS <u>2300 Holmes, K.C., Mo.</u>	23c. DATE SIGNED <u>Dec 2, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>DEC 3, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>POWERSVILLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>POWERSVILLE, MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-2-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Neutoma</u> ADDRESS <u>St Louis Kansas City, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 9 1957

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 _____

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. 14182

P. O., Address KANSAS CITY

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.