

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20732  
2825

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.		
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, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 1 YEAR		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		3768		
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL				d. STREET ADDRESS (If rural, give location) 5215 Brookwood Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) MARILYN b. (Middle) JEAN c. (Last) Wescott			4. DATE OF DEATH (Month) (Day) (Year) June 17 1952					
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH SEPT-11-1936		9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SOPHOMORE		10b. KIND OF BUSINESS OR INDUSTRY PASEO HIGH SCHOOL		11. BIRTHPLACE (City and State or Foreign Country) LEAVENWORTH KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME CHARLES M. WESCOTT		13b. MOTHER'S MAIDEN NAME DORIS JEAN SHOOT		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 ADDRESS CHARLES M. WESCOTT 5215 BROOKWOOD AVE 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Antracure Skull  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subcultural Halmatoma  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History from Gen Sharp					INTERVAL BETWEEN ONSET AND DEATH E 8239 32	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 123		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident street		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Kansas City Jackson mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Jackson mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-17-52		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? drunk carterturney (one car)				
22. I hereby certify that I attended the deceased from _____, 19____, 16____, on _____, 19____, and that death occurred at 6:00 P.M., from the causes and on the date stated above.								
23. SIGNATURE Hugh Owens 3 (Degree or title)				23b. ADDRESS 1034 Piatta Blvd		23c. DATE SIGNED 6-18-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 20 1952		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. 6-20-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Newcomer's Sons 1331 BRUSH CR. KANSAS CITY, MO.				

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signature Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City, 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.