No. 300
10.48

FILED JUN 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20785

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 88

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1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lee's Summit c. LENGTH OF STAY (in this place) 5 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lee's Summit Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 607 Howard St	d. STREET ADDRESS (If rural, give location) 607 Howard St 0481

3. NAME OF DECEASED (Type or Print)	a. (First) Alva	b. (Middle) Burton	c. (Last) Scott	4. DATE OF DEATH (Month) (Day) (Year) 5-21-52
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH July 26 1885	9. AGE (In years last birthday) 66 — 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) Machinist	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (State or foreign country) Pleasant Hill Mo	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Humphry Scott	13b. MOTHER'S MAIDEN NAME Rahel Markel	14. NAME OF HUSBAND OR WIFE —		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 487-09-2256	17. INFORMANT'S SIGNATURE OR NAME Jack Scott	ADDRESS Lee's Summit 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) Chr. Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) asthma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 241X	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 5-20, 1952, to 5-21, 1952, that I last saw the deceased alive on 5-21-, 1952, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE Philip Japer (Degree or title) M.D.	23b. ADDRESS Lee's Summit Mo	23c. DATE SIGNED 5-22-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/23/52	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) Greenwood Mo
DATE REC'D BY LOCAL REG. 5/23/52	REGISTRAR'S SIGNATURE Donald C. Earnshaw 379-1	25. FUNERAL DIRECTOR'S SIGNATURE NB Langsford	ADDRESS Lee's Summit Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 18 REC'D

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

Signed D. J. Lundley

Licensed Embalmer No. 4828

P. O. Address Lees Summit

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.