

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20820**
REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5568** Registrar's No. **237**

JUN 17 1952

480

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

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 Rural Blue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0480 (Blue)	
c. LENGTH OF STAY (in this place) 25 yrs		d. STREET ADDRESS (If rural, give location) Lexington & Kentucky Rds. Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence Lexington & Kentucky Rds.			
3. NAME OF DECEASED (Type or Print) a. (First) Ray b. (Middle) E c. (Last) Scott			4. DATE OF DEATH (Month) (Day) (Year) June 8, 1952
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 12, 1900
9. AGE (In years last birthday) 52		10. MONTHS 5	11. DAYS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Operator		10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (City and State or Foreign Country) / Jefferson County, Kansas.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robt. W. Scott	
13b. MOTHER'S MAIDEN NAME Margaret Loster		14. NAME OF HUSBAND OR WIFE Rubie Scott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rubie Scott, Independence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung INTERVAL BETWEEN ONSET AND DEATH 2 mos.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		1637	
19a. DATE OF OPERATION 2-21-52	19b. MAJOR FINDINGS OF OPERATION Carcinoma Lung, Left, Upper Lobe		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 14, 1952 , to June 8, 1952 , that I last saw the deceased alive on 22nd 31 , 1952, and that death occurred at 7:40 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE W. H. Labal MD		23b. ADDRESS 1210 Oak, Independence, Mo.	23c. DATE SIGNED 6-9-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/10/52	24c. NAME OF CEMETERY OR CREMATORY unknown	24d. LOCATION (City, town, or county) (State) McLouth, Kansas.
DATE REC'D BY LOCAL REG. 6-10-52	REGISTRAR'S SIGNATURE Wm. J. Labal	25. FUNERAL DIRECTOR'S SIGNATURE Paul Carson	ADDRESS Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 8 RECD

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.