

8-30-52

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28280

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3661

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1315 Michigan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1315 Michigan</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Major</u> b. (Middle) _____ c. (Last) <u>Scott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14 1952</u>
--	---

5. SEX <u>M</u>	6. COLOR OF RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u>	8. DATE OF BIRTH <u>June 20, 1885</u>	9. AGE (In years last birthday) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction</u>	11. BIRTHPLACE (State or foreign country) <u>Natchez Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
-----------------	---------------------------------	--	---------------------------------------	---	--	--	--

13a. FATHER'S NAME <u>Joe Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lemora Scott</u>
-------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>186-09-0743</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lemora Scott</u> ADDRESS <u>1315 Mich.</u>
--	--	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>42⁰⁰</u>
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)	23b. ADDRESS <u>21034 Riata Blvd</u>	23c. DATE SIGNED <u>8-15-52</u>
---	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>8-16-52</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Adkins Bros. Funeral Home</u> ADDRESS _____
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

Signed..... *W. H. Reynolds*

Licensed Embalmer No. *4437*

P. O. Address *2000 Tracy St. C.*

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.