

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31852

State File No. 3879

FILED SEP 20 1952

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 3879	
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) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY			
c. LENGTH OF STAY (in this place) 64 YEARS		d. STREET ADDRESS (If rural, give location) 219 EAST 46 TH STREET			
d. FULL NAME OF HOSPITAL OR INSTITUTION 219 EAST 46 TH STREET		d. STREET ADDRESS (If rural, give location) 219 EAST 46 TH STREET			
3. NAME OF DECEASED (Type or Print) Arch Raymond Scott		a. (First)	b. (Middle)	c. (Last)	
4. DATE OF DEATH Aug 29, 1952		(Month) (Day) (Year)			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 16, 1886	
9. AGE (In years last birthday) 65		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) Retired Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store		11. BIRTHPLACE (City and State or Foreign Country) Near Odessa, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Scott		13b. MOTHER'S MAIDEN NAME Loret Mauze		14. NAME OF HUSBAND OR WIFE Helen Ruth Scott	
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. 499-36-9241		17. INFORMANT'S SIGNATURE OR NAME (Ge. Mo.) Mrs Jack LaFleur, 219 E. 46 TH ST	
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) a cute coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease 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 4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 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 4:10 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Geo. C. Koehoy (Degree or title) Geo. C. Koehoy, M.D., Surgeon		23b. ADDRESS 1030 Broadway, Kansas		23c. DATE SIGNED 9-30-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 2, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	
24d. LOCATION (City, town, or county) Kansas City		(State) Missouri			
DATE REC'D BY LOCAL REG. 9-2-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE 1331 Broadway, Kansas City, Mo. D.W. Newcome's Sons	

(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 _____

Chester K Brown

Student Embalmer No. *476*

working under my personal supervision.

Student *Chester K Brown*
Student Embalmer

Signed *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *K. C. Y. Me.*

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.