

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 15 1953

State File No. **28849**

|  |  |  |                   |   |  |   |  |
|--|--|--|-------------------|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>  |                   | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. <u>4182</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  |  |                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>   |  | c. LENGTH OF STAY (In this place)<br><u>1 yr.</u>  |                   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>1629 Benton Blvd.</u>  |  |  |                   | d. STREET ADDRESS (If rural, give location)<br><u>1629 Benton Blvd.</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Charles William Scott, Jr.</u>   |  |  | b. (Middle) _____ |   |  | c. (Last) _____   |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Aug. 23, 1953</u>   |  | 5. SEX <u>2</u> Male   |                   | 6. COLOR OR RACE <u>Colored</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Single</u>             |  |
| 8. DATE OF BIRTH<br><u>Aug. 21, 1952</u>   |  | 9. AGE (In years) <u>1 yr.</u>   |                   | IF UNDER 1 YEAR<br>last birthday) Months _____ Days _____   |  | IF UNDER 12 HRS.<br>Hours _____ Min. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>None</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |                   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Kansas City, Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |  |
| 13a. FATHER'S NAME<br><u>Charles W. Scott</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Zora Lee Pace</u>  |                   | 14. NAME OF HUSBAND OR WIFE<br><u>none</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>No</u>   |                   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Charles Scott 1629 Benton Blvd.</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Broncho-pneumonia</u>  |  |  |                   | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 ds.</u>  |  |   |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |  |  |                   | DUE TO (b) <u>Gastroenteritis</u>   |  | 3 "   |  |
|  |  |  |                   | DUE TO (c) <u>Cerebral palsy. A dynamia.</u>  |  | " "   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |                   |   |  | 351X  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION.<br><u>no</u>   |                   |   |  | 20. AUTOPSY?<br>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)  |  | 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 <u>8/22/1953</u> to <u>8/23/1953</u> , that I last saw the deceased alive on <u>8/22/1953</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above. |  |  |                   |   |  |   |  |
| 23a. SIGNATURE <u>W. W. Caldwell</u> (Degree or title)   |  |  |                   | 23b. ADDRESS <u>2131 E. 24th St.</u>  |  | 23c. DATE SIGNED <u>8/25/53</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE <u>8/26/53</u>   |                   | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u>       |  |
| DATE REC'D BY LOCAL REG.<br><u>8-25-53</u>   |  | REGISTRAR'S SIGNATURE<br><u>Sheldine Smith</u>   |                   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Watkins Bros. 18th &amp; Benton</u>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

*See [unclear] [unclear]  
ch 4646*

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

*Bruce R. [unclear]*

Licensed Embalmer No. *4500*

P. O. Address *18<sup>th</sup> & Benton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.