V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31989

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4369

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 27 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 426 WEST 46TH TERRACE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 426 WEST 46TH TERRACE

3693

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) NELSON c. (Last) SCANNELL
4. DATE OF DEATH (Month) (Day) (Year): SEPT. 5 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 25 1876
9. AGE (In years last birthday): 76 — 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 13 YRS
10b. KIND OF BUSINESS OR INDUSTRY: TELEGRAPH AGENT CHICAGO MILWAUKEE & ST. PAUL R.R.
11. BIRTHPLACE (City and State or Foreign Country): Mercer Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: MICHAEL SCANNELL
13b. MOTHER'S MAIDEN NAME: MELINDA PATTERSON
14. NAME OF HUSBAND OR WIFE: MRS. EUDORA SCANNELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): .....
16. SOCIAL SECURITY NO.: 707-12-7147
17. INFORMANT'S SIGNATURE OR NAME: MRS. EUDORA SCANNELL — ADDRESS: 426 W. 46 TH TERR. KANSAS CITY, MO.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: Over 1 Mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertensive Cardio Vascular Disease — Over 3 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes Mellitus — over 2 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 443X
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* June 23, 1953, *to* Sept 5, 1953, *that I last saw the deceased alive on* Sept 5, 1953, *and that death occurred at* 12:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glen H. Broyles (Degree or title): MD — Glen H. Broyles
23b. ADDRESS: 1232 Professional Bldg
23c. DATE SIGNED: 9-5-53
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 8 1953
24c. NAME OF CEMETERY OR CREMATORY: MT. WASHINGTON CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG.: 9-5-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: O.H. Newcomer's Sons — ADDRESS: 1931 BRUSH CREEK KANSAS CITY, MO.

(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.....
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4612

P. O. Address Kansas City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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