

FILED JUN 9 1954

STANDARD CERTIFICATE OF DEATH

State File No. 16152  
2295

BIRTH NO. 5184 30658-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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 KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 42 MIN		d. STREET ADDRESS (If rural, give location) 3008	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. VINCENT'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) INFANT b. (Middle) SCOTT c. (Last) SCOTT		4. DATE OF DEATH (Month) (Day) (Year) MAY 18, 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D	8. DATE OF BIRTH MAY 18, 1954
9. AGE (In years) (last birthday) 42		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) KC. MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME No Record	13b. MOTHER'S MAIDEN NAME SCOTT, PEGGY	14. NAME OF HUSBAND OR WIFE
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS PEGGY SCOTT WICHITA KANS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) IMMaturity due to PREMATURITY.		
	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.		770K	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 5-18, 1954, to 5/18, 1954, that I last saw the deceased alive on 5/18, 1954, and that death occurred at 11:35 PM., from the causes and on the date stated above.

23a. SIGNATURE Robert E. McComas MD	23b. ADDRESS 2605 Walnut	23c. DATE SIGNED 20 May 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-21-54	24c. NAME OF CEMETERY OR CREMATORY Mt St. Mary's	24d. LOCATION (City, town, or county) (State) Kansas City MO
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DATE REC'D BY LOCAL REG. 5-21-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home, 106 Mo
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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 \_\_\_\_\_

*Was not embalmed.*

working under my personal supervision.

Student Embalmer No. ....

Signed *A. R. Haunschild*

Signed.....

Student Embalmer

Licensed Embalmer No. *4159*

P. O. Address *K-C 7220*

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.