

FILED JUN 9 1954

STANDARD CERTIFICATE OF DEATH

State File No. 16154
2296

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">50 yrs.</p>		c. CITY OR TOWN <p style="text-align: center;">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3535 Montgall		• STREET ADDRESS (If rural, give location) 51st 3535 Montgall		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)		a. (First) LAURA	b. (Middle) MYRTLE	c. (Last) SCOTT	4. DATE OF DEATH (Month) (Day) (Year) 5 20 54		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Kyle McClung		13b. MOTHER'S MAIDEN NAME Rella Emerich		14. NAME OF HUSBAND OR WIFE Arlie J. Scott			
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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 Arlie J. Scott, 3535 Montgall, K.C., Mo.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
ANTECEDENT CAUSES Morbidity 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.						332X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 March 19 54 to 5-20, 1954, that I last saw the deceased alive on 5-13, 1954, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. W. Robinson MD</u>		(Degree or title)		23b. ADDRESS <u>4635 Wyandotte</u>		23c. DATE SIGNED <u>5-21-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>5-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY Mount Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. <u>5-21-54</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C.MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Arthur W. Robinson
4635 Wyanalatte
Je. 0552

Exp. 8:00 P.M.

about 2:00 P.M. today

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..... *F. S. Walton*

Licensed Embalmer No. *27*

P. O. Address..... *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.