

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37016**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4994**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 1 year	c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> A
d. FULL NAME OF HOSPITAL OR INSTITUTION King Nursing Home 2836 Benton Blvd.		e. STREET ADDRESS (If rural, give location) 1319 State ave.	

3. NAME OF DECEASED (Type or Print) Joseph Scott			4. DATE OF DEATH (Month) (Day) (Year) 11 18 1955		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH 11-1-1872		9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer	
11. BIRTHPLACE (City and State or Foreign Country) Dresden, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		10b. KIND OF BUSINESS OR INDUSTRY K. C. Terminal Railroad	

13a. FATHER'S NAME Clinton Scott		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lillie Pearl Scott (Deceased)	
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. 703-03-9012		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bernice Grant 1216 N. 12th. K.C. Kansas	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Coronary Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH	
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. Generalized Arteriosclerosis		59	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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) (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 **4-9-55**, to **11-18-55** that I last saw the deceased alive on **11-18-55** and that death occurred at **4:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. W. Alexander, M.D.		23b. ADDRESS 1524 S. C. Q. Rd.		23c. DATE SIGNED 11-18-55	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 11-22-1955		24c. NAME OF CEMETERY OR CREMATORY Westlawn	
24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. J. W. Jones 440 state ave.			

DATE REC'D BY LOCAL REG. 11-18-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. J. W. Jones 440 state ave.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
C. W. Alexander

81. C. W. Alexander

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 *Eugene English*.....

Licensed Embalmer No. *410*

P. O. Address *440 S. Ta*
K. C.

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.