

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1955

State File No. 37017

4697

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>4697</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>OR TOWN <u>Kansas City</u>  |  | c. LENGTH OF STAY (in this place)<br><u>5 yrs</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>2505 Forest</u>          |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley-Provident</u>   |  |  |  | 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>SIMON</u> b. (Middle) _____ c. (Last) <u>SCOTT</u>  |  |  |  |  |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Oct. 29, 1955</u>   |  | 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>Col</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>      |  |  |  |
| 8. DATE OF BIRTH <u>Sept. 7, 1875</u>   |  | 9. AGE (In years last birthday) <u>80</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Laborer</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Shelbyville, Ky.</u> |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Laborer</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Atchinson Water Co.</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Shelbyville, Ky.</u>   |  | 12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>                             |  |  |  |
| 13a. FATHER'S NAME<br><u>Harry Scott</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Carrie ?</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Nettie Nettie Scott</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>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Annetta Bratton 2505 Forest</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, asphyxia, etc. It means the disease, injury, or complication which caused death.                                |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Arterio-Sclerosis</u><br><u>Status asthmaticus</u><br>DUE TO (c) <u>Bronchial Asthma</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><br><br><br><br><br><br><br><br><br><u>24 hr</u> |  |
| 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)   |  | 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>July 12, 19 55</u> to <u>Oct. 29, 19 55</u> , that I last saw the deceased alive on <u>Oct. 29, 19 55</u> and that death occurred at <u>9:10 P.M.</u> , from the causes and on the date stated above. |  |  |  |  |  |  |  |  |  |
| 23a. SIGNATURE <u>George H. Taft</u> (Degree or title) <u>M.D.</u>  |  |  |  | 23b. ADDRESS<br><u>2204 E. 18th St. K.C. Mo.</u>   |  | 23c. DATE SIGNED<br><u>10-31-55</u>  |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   |  | 24b. DATE<br><u>Nov. 2, 1955</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Hill Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Atchinson, Kansas</u>  |  |  |  |
| DATE REC'D BY LOCAL REG.<br><u>11-1-55</u>  |  | REGISTRAR'S SIGNATURE<br><u>Neve Marshall</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Nettie Scott</u>  |  | ADDRESS<br><u>K.C. Mo.</u>   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

8-6-64

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

*Clefford L Woods*

Licensed Embalmer No. 3106

P. O. Address 1520 N. 5th

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.