

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025417

STATE FILE NUMBER 3630

FILED VS AUG 10 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION (N.H.) 622 Benton		Length of stay in 1b 19 days	d. STREET ADDRESS 1037 Waverly		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMMA Middle (N.M.N.) Last SCOTT			4. DATE OF DEATH Month July Day 26 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 15, 1869	9. AGE (In years last birthday) 90 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Homestead, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Hugh M. Scott		13b. MOTHER'S MAIDEN NAME Elizabeth Ewing		14. NAME OF HUSBAND OR WIFE never married	
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 Address Johnson Co. Charles W. Edmondson 9811 Lee Cir		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old age					INTERVAL BETWEEN ONSET AND DEATH 1 hr 10 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from Jan 1950 to July 26 1959 and last saw her alive on July 1, 1959 Death occurred at 4:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Albert C. Harms, M.D. (Degree or title)			22b. ADDRESS 2121 Munwataw		22c. DATE SIGNED 7/27/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/28/59	23c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery		23d. LOCATION (City, town, or county) (State) Drexel, Mo.	
24. FUNERAL DIRECTOR Geo. F. Porter & Sons K.C.Ks.		ADDRESS	25. DATE RECD. BY LOCAL REG. 7-27-59	26. REGISTRAR'S SIGNATURE Neve Minshall	

MEDICAL CERTIFICATION

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 *Howard L Porter*

Licensed Embalmer No....3751.....

P. O. Address...19th & Minneot
Kansas City, K

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.