SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2926 61-021454 STATE FILE NUMBER

FILED JUN 28 1961

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 8 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2517 E. 10th St/
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSSS CITY
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2517 E. 10th St.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: ROXIE Middle: Last: SCOTT
4. DATE OF DEATH Month Day Year: 6-10-61
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-9-1882
9. AGE (last birthday): 79 yrs
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife- Cook
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Little Rock, Arkansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph Evans
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Pat Henry Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Ethel Goss Address: 2517 E. 10th St Grandaughter

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 Vascular Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 10 Hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease — 3 years.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1960, to June 10 1961 and last saw her/him alive on June 10 - 1961
Death occurred at 10 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Solvin W. Tonkens D.O
22b. ADDRESS: 3800 E 27th St.
22c. DATE SIGNED: 6/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-16-61
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Vian, Oklahoma

24. FUNERAL DIRECTOR ADDRESS: Watkins Bros. Funeral Home 18th & Benton
25. DATE RECD. BY LOCAL REG.: 6-12-61
26. REGISTRAR'S SIGNATURE: Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Bruce R. Watkins

Signature of Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 18th & Renton

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