

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047345

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 626

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

17005  
27005

3

4 2

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94200

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1290-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. **FILED JAN 2 1963**  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) Independence Length of stay in 1b 75 yrs  
 c. FULL NAME OF (IF NOT in hospital, give location) 402 Lexington 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 Independence Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 402 Lexington Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Frank Middle B. Last Scott 4. DATE OF DEATH Month 12/ Day 19/ Year 1962

5. SEX Male 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7-22-1872 9. AGE (last birthday) 90  
 IF UNDER 1 YEAR Months 4 Days 27 IF UNDER 24 HR Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Mechanic 10b. KIND OF BUSINESS OR INDUSTRY Drugs 11. BIRTHPLACE (City and state or country) Tennessee 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Walter Scott 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Patience Scott

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. unknown 17. INFORMANT Patience Scott, Independence, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA INTERVAL BETWEEN ONSET AND DEATH 2 Weeks  
 DUE TO (b) Arteriosclerotic Heart Disease 15 Years  
 DUE TO (c) Generalized Arteriosclerosis 10 years  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 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 1948 to 12-19-62 and last saw him alive on 12-19-62. Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ronald Ferguson MD. 22b. ADDRESS 2012 E 24th St. 22c. DATE SIGNED 12/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/22/62 23c. NAME OF CEMETERY OR CREMATORY Lincoln 23d. LOCATION (City, town, or county) K.C. Jackson, Mo.

24. FUNERAL DIRECTOR Bailey Funeral Home, K.C. Kansas ADDRESS 12-22-62 25. DATE RECD. BY LOCAL REG. 12-22-62 26. REGISTRAR'S SIGNATURE Alba L. Craig

USE BLACK INK OR TYPEWRITER RIBBON

JAN 8 1963

**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 Clifford L Woods  
Licensed Embalmer No. 3106  
P. O. Address 1520 77.5th

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.

12-28-62