

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024588

3557

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3557

FILED JUL 5 1963

VS 300
Rev. 4/59

1
27095

3

4 0

5 1

6

7 1

8 1

94201

10

11

1276-0

13

DATE AMENDED: 6-28-65
INSTEAD OF THIS RECORD ARE AS FOLLOWS: removal 6-28-65, Elmwood, K.C. Mo. (removal 6-28-65, Wadsworth Nat. Cem., Wadsworth, Kans.)

BY AFFIDAVIT OF Funeral Director DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 4 days	c. CITY OR TOWN INDEPENDENCE
c. FULL NAME OF (IF NOT in hospital, give location) V A HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2320 HAWTHORNE
3. NAME OF DECEASED (Type, or print) FRANK SPENCER SCOTT			4. DATE OF DEATH Month June Day 24 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-10-94
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 6 Days 8	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (City and state or country) Senneca, Kansas
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Frank A. Scott	
13b. MOTHER'S MAIDEN NAME Margaret Jack		14. NAME OF HUSBAND OR WIFE Jessie M. Scott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes WWII		16. SOCIAL SECURITY NO.	
17. INFORMANT VA Hospital, Kansas City, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute myocardial infarction			
DUE TO (c) Coronary atherosclerosis, advanced			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 8:50 a.m. 8:50 p.m.	Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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. VA attended the deceased from June 21, 1963 to June 24, 1963 Death occurred at 8:50 Am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Craig L. Fischer M.D.		22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 6-24-63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 6-28-63	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery WADSWORTH NATIONAL CEM.
23d. LOCATION (City, town, or county) Kansas City, Mo. WADSWORTH, KANSAS		24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.	
25. DATE RECD. BY LOCAL REG. 6-25-63		26. REGISTRAR'S SIGNATURE Ruth Long	

USE BLACK INK OR TYPEWRITER RIBBON

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

James D. Duncan

Licensed Embalmer No. 5228

PRO. Address Independence, Mo

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.

808

0111

829

XC for Duncan

80-12-2