

FILED MAY 26 1949

STANDARD CERTIFICATE OF DEATH

State File No. 15283

24
3

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

BIRTH NO.		REG. DIST. NO. 72		PRIMARY REG. DIST. NO. 5289		Registrar's No. 54	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural R5 Noth K.C.</u>		c. LENGTH OF STAY (In this place) <u>36yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural R.5 North Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>Maple Park Add. North K.C. Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. 5 North Kansas City</u>							
3. NAME OF DECEASED a. (First) <u>Celia</u>			b. (Middle) <u>Faubion</u>			c. (Last) <u>Dooley</u>	
4. DATE OF DEATH (Type or Print) <u>May 18 1949</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 27, 1868</u>	
9. AGE (In years, last birthday) <u>81</u>		10. MONTHS <u>X</u>		11. DAYS <u>X</u>		12. HOURS <u>X</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Cornell Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Bennett</u>			13b. MOTHER'S MAIDEN NAME <u>Lydia Rice</u>			14. NAME OF HUSBAND OR WIFE <u>Horace J. Dooley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>xxx</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Russell Faubion</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks +</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>					
		DUE TO (c) <u>age</u>				<u>33 IX</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0</u>					
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X</u>				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) <u>X</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wayne G. Anderson</u> (Degree or title)				23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>5/19/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 20, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>	
DATE REC'D BY LOCAL REG <u>May 20 - 49</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton-Smith's</u> ADDRESS <u>North Kansas City</u>			

MAY 23 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-25-49

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.

Signed Theron O Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 3928

P. O. Address North Tarrant Co

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 this body is not embalmed, fact should be so stated above.