

S. No. 300
v. 10.48

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19510
State File No. 2452
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1802

| | | | |
|--|----------------------------------|--|--|
| 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, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Osteopaths Hospital 11 & Harrison | | d. STREET ADDRESS (If rural, give location) 918 Homer Avenue | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Jane c. (Last) Dorian | | | 4. DATE OF DEATH (Month) (Day) (Year) June 4 1949 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH July 23 1874 |
| 9. AGE (In years last birthday) Months Days 74-10-11 | | 11. BIRTHPLACE (State or foreign country) Scranton, Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homework | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | |
| 13a. FATHER'S NAME Hugh McLaughlin | | 13b. MOTHER'S MAIDEN NAME Mary Jane McGowan | |
| 14. NAME OF HUSBAND OR WIFE Hugh Dorian | | 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'S SIGNATURE OR NAME ADDRESS Rob't. Dorian, 1046 Riverview K.C.K. | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 <u>June 2, 1949</u> , to <u>June 4, 1949</u> , that I last saw the deceased alive on <u>June 4, 1949</u> , and that death occurred at <u>7:30 am.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Richard G. Shock (Degree or title) Richard G. Shock, M.D. | | 23b. ADDRESS 2 Kansas City, Missouri | |
| 23c. DATE SIGNED June 4/49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE June 7, 1949 | |
| 24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City Kansas | |
| DATE REC'D BY LOCAL REG. 6-6-49 | | REGISTRAR'S SIGNATURE Seraldine Holmes | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butler's Sons | | ADDRESS 22 So. 18th. K.C.K. | |

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

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3
8

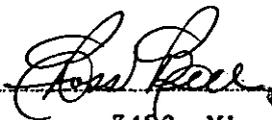
STATEMENT BY LICENSED EMBALMER

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 _____



Signed _____

Student Embalmer

Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City 2, Kansas.

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.