

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30213

State File No.

FILED OCT 1 1949

BIRTH NO. _____ REG. DIST. NO: 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3975

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>34 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>4115 HIGHLAND AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4115 HIGHLAND AVENUE</u>		d. STREET ADDRESS (If rural, give location) <u>4115 HIGHLAND AVENUE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MERTON</u> b. (Middle) <u>EARL</u> c. (Last) <u>DOLLISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-14-1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>APRIL-26-1883</u>		9. AGE (In years last birthday) <u>66 YRS</u>		10. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WELDER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WELDING</u>		11. BIRTHPLACE (State or foreign country) <u>ROBAND, INDIANA</u>	

13a. FATHER'S NAME <u>JOHN NEWTON DOLLISON</u>		13b. MOTHER'S MAIDEN NAME <u>DRUZINA NELSON</u>		14. NAME OF HUSBAND OR WIFE <u>LAURA PEARL DOLLISON</u>	
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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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs LAURA PEARL DOLLISON 4115 HIGHLAND AVE. KANSAS CITY, MO.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Recto-Sigmoid</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1547</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Oct 15, 1948, to Sept 14, 1949, that I last saw the deceased alive on Sept 14, 1949, and that death occurred at 7:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard L. Lehner</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1103 Grand Kansas City, Mo</u>		23c. DATE SIGNED <u>9/15/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT-16-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>9-16-49</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.W. Newcomer's Sons 1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed John E. Fraking

Signed.....
Student Embalmer

Licensed Embalmer No. 4483

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.