

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37283**  
**4937**

FILED DEC 10 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>25 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>2300 NORTON AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2300 NORTON AVENUE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>DOROTHY</b> b. (Middle) <b>ISABELLE</b> c. (Last) <b>GOULD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV-18-1949</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>JAN-26-1876</b>		9. AGE (In years last birthday) <b>73 YEARS</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	
11. BIRTHPLACE (State or foreign country) <b>IRVING, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			

13a. FATHER'S NAME <b>OWEN JONES</b>		13b. MOTHER'S MAIDEN NAME <b>DORIS GRIFFITHS</b>		14. NAME OF HUSBAND OR WIFE <b>FRED GOULD</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>RAYMOND E. GOULD</b> ADDRESS <b>1509 EAST 74TH ST. KANSAS CITY MO.</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Failure</b>		DUPLICATE TO (b) <b>Parcinoma Stomach</b>				<b>6-15-49</b>	
ANTECEDENT CAUSES		DUPLICATE TO (c) <b>Hemorrhage from Ca Stomach</b>				<b>TO 11-18-49</b>	
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS				<b>151X</b>	
Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Heart disease</b>							

19a. DATE OF OPERATION <b>7-5-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Ca. Stomach, inoperable, gastrosenterostomy done, short circuiting the tumor</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 **6-15-1949** to **11-18-1949**, that I last saw the deceased alive on **Nov. 16, 1949**, and that death occurred at **10:55A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. A. Underwood</b> M.D. (Degree or title)		23b. ADDRESS <b>4712 1/2 E. 24th K.C. MO.</b>		23c. DATE SIGNED <b>11-18-49</b>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>NOV-21-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>-</b>		24d. LOCATION (City, town, or county) (State) <b>IRVING, KANSAS</b>	
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DATE REC'D BY LOCAL REG. <b>11-21-49</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Newcomer Sons</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-6-10:50 a.m.

**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 .....  
Student Embalmer

Signed Payle L. Daniel

Licensed Embalmer No. 4703

P. O. Address X'C' 2020

**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.