

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1099**
65

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson	
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 Shawnee	
c. LENGTH OF STAY (in this place) 1 Day		d. STREET ADDRESS (If rural, give location) 16900 Johnson Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED (Type or Print) Claude L. Dougherty			4. DATE OF DEATH (Month) (Day) (Year) January 4 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 1, 1890		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Printing	11. BIRTHPLACE (State or foreign country) David City Nebr.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Dougherty		13b. MOTHER'S MAIDEN NAME Agnes Parks		14. NAME OF HUSBAND OR WIFE Grace Dougherty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Grace Dougherty Shawnee Ks	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 hrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension arteriosclerosis		
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3511

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)		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 **Jan 3**, 19**51**, to **Jan 4**, 19**51**, that I last saw the deceased alive on **Jan 4**, 19**51**, and that death occurred at **1:20 A m.**, from the causes and on the date stated above.

23a. SIGNATURE A. E. Derrington M.D.		23b. ADDRESS 5825 Reed Road Kansas		23c. DATE SIGNED Jan 4, 1951	
24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE 1-8-51		24c. NAME OF CEMETERY OR CREMATORY Shawnee Cemetery	
24d. LOCATION (City, town, or county) (State) Shawnee Kansas		DATE REC'D BY LOCAL REG. 1-6-51		REGISTRAR'S SIGNATURE Seraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE E Paul Amos		ADDRESS Shawnee, Kansas.			

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.....
Student Embalmer

Signed Edward Amos

Licensed Embalmer No. 4385

P. O. Address Shawnee, 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.