No. 306
10.48

0480

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1952

State File No. 31978

BIRTH NO. 60347 REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Washington
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 11600 71 Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Washington 0480
d. STREET ADDRESS (If rural, give location): 11600 71 Highway

3. NAME OF DECEASED (Type or Print)
a. (First): Steven
b. (Middle): Eugene
c. (Last): DOUGAN

4. DATE OF DEATH (Month): 9 (Day): 29 (Year): 52

5. SEX: Male 0

6. COLOR OR RACE: Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0

8. DATE OF BIRTH: 9-8-52

9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and State or Foreign Country): Kansas City, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert Keith Dougan

13b. MOTHER'S MAIDEN NAME: Billie Jean Martin

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Robert K. Dougan — **ADDRESS**: 11600 71 Hiway Grandview, Missouri

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Congenital Heart — 3 wks

II. OTHER SIGNIFICANT CONDITIONS: *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary Stenosis — 3 wks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 7544

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-8-, 1952, *to* 9-29, 1952, *that I last saw the deceased alive on* 9-27, 1952, *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ada B. Rader M.D.

23b. ADDRESS: Martin City, Mo.

23c. DATE SIGNED: 9-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10-1-52

24c. NAME OF CEMETERY OR CREMATORY: Pleasant Valley Cem

24d. LOCATION (City, town, or county) (State): Stanley, Kansas

DATE REC'D BY LOCAL REG.: 9/30/52

REGISTRAR'S SIGNATURE: Dr. Emma D. Hodges

25. FUNERAL DIRECTOR'S SIGNATURE: E. K. George & Sons Inc By J. E. Goddard — **ADDRESS**: Grandview, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 R. E. George R. E. George

Licensed Embalmer No. 3958

P. O. Address Belton, Missouri

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.