

No. 300  
10-48

FILED JAN 5 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42241  
5530

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Indiana</i> b. COUNTY <i>Marion</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>		c. LENGTH OF STAY (In this place) <i>1 week</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>6803 Rockhill Road</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Indianapolis</i> 8127 6	
		d. STREET ADDRESS (If rural, give location) <i>Marott Hotel</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>LEWIS</i>	b. (Middle) <i>EDGAR</i>	c. (Last) <i>DOUGAN</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>December 16 1952</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 18, 1887</i>	9. AGE (In years last birthday) <i>65</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Liquid Carbonic Spurgin</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Indiana</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Edward Dougan</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Bess Dougan</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war (date of service) <i>Yes World War I</i>	16. SOCIAL SECURITY NO. <i>303-03-5757</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Bess Dougan</i>	ADDRESS <i>Indianapolis Ind.</i>
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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>4201</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiac decompensation</i> DUE TO (c) <i>Chronic Myocarditis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertension</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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 *12-14, 1952* to *12-16, 1952* that I last saw the deceased alive on *12-15, 1952*, and that death occurred at *8:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>L. M. Shapiro</i> (Degree or title) <i>MD MA</i>	23b. ADDRESS <i>628 Pool Bldg</i>	23c. DATE SIGNED <i>12-18-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>Dec. 17, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Indianapolis Indiana</i>
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DATE REC'D BY LOCAL REG. <i>12-17-52</i>	REGISTRAR'S SIGNATURE <i>Geraldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>D. H. Newcomer</i>	ADDRESS <i>Sone, Kansas City, Mo.</i>
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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.....

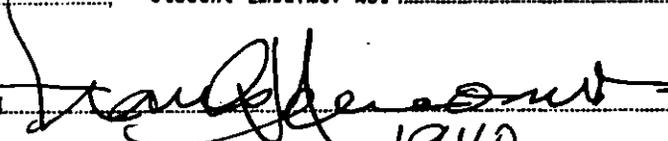
Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed



Licensed Embalmer No. 1940

P. O. Address: K.C. 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.