

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44489  
5653

State File No.

FILED JAN 17 1953

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

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  
c. LENGTH OF STAY (in this place) 28 YEARS  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jackson  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  
d. STREET ADDRESS (If rural, give location) 3315 Agnes Avenue

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Marshall c. (Last) Dossett  
4. DATE OF DEATH (Month) (Day) (Year) Dec. 21 1952

5. SEX male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH JAN. 5 1887 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 1 YEAR Hours Min.  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber 10b. KIND OF BUSINESS OR INDUSTRY FOR SALE 11. BIRTHPLACE (City and State or Foreign Country) KNOXVILLE, Tennessee 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ELISHA DOSSETT 13b. MOTHER'S MAIDEN NAME ELIZA LINDAMOOD 14. NAME OF HUSBAND OR WIFE Bessie I. Dossett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 499-09-0121 17. INFORMANT'S SIGNATURE OR NAME Mrs. BESSIE I. DOSSETT ADDRESS 3315 AGNES AVE KANSAS CITY, MO.

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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Pulmonary Edema INTERVAL BETWEEN ONSET AND DEATH 1 day  
ANTECEDENT CAUSES DUE TO (b) Acute and Chronic Myocardial Infarction 1 yr.  
DUE TO (c) Coronary Sclerosis 1 yr.  
II. OTHER SIGNIFICANT CONDITIONS Chronic Arteriolar Nephritis 1 yr.  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 4201 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) \_\_\_\_\_ 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 Dec. 1, 1947, to Dec 21, 1952, that I last saw the deceased alive on Dec. 21, 1952, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE John F. Caldwell (Degree or title) MD 23b. ADDRESS Kansas City, Mo. 23c. DATE SIGNED 12/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE DEC. 23 1952 24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 12-26-52 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE Edward Creek ADDRESS 1211 W. Commerce St. Kansas City, Mo.  
(Licensed Embalmer's Statement on Reverse Side)

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

005-5-23-7

**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

*John B. Review*

Licensed Embalmer No. 4875

P. O. Address KC 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.