

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8180**
993

FILED MAR 22 1955

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 MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY	c. LENGTH OF STAY (in this place) 12 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 416 EAST 36th STREET		STREET ADDRESS (If rural, give location) 4121 HIGHLAND AVENUE	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA	b. (Middle) VIRGINIA	c. (Last) DOGGETT	4. DATE OF DEATH (Month) (Day) (Year) MARCH 5 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 26 1862	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Mins
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) UNION MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME RICHARD FERGUSON	13b. MOTHER'S MAIDEN NAME MARGARET CHITWOOD	14. NAME OF HUSBAND OR WIFE JESSE L. DOGGETT
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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 MRS. MARGARET F. CANTER ADDRESS 4121 HIGHLAND KANSAS CITY, MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Left Hip		INTERVAL BETWEEN ONSET AND DEATH 20 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Cerebral Arteriosclerosis	DUE TO (c)	yes <input checked="" type="checkbox"/>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			334 X

19a. DATE OF OPERATION 2-15-55	19b. MAJOR FINDINGS OF OPERATION Fractured left hip	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 13 1955 2:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on foot fracturing hip
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22. I hereby certify that I attended the deceased from **Feb 13**, 1955, to **Mar 4**, 1955, that I last saw the deceased alive on **Mar 4**, 1955, and that death occurred at **9:00 a.m.**, from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) Edw. N. Thissen M.D.	23b. ADDRESS 116 W 47th St KC Mo	23c. DATE SIGNED 3-5-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 7 1955	24c. NAME OF CEMETERY OR CREMATORY KNOB NOSTER CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS MISSOURI
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DATE REC'D BY LOCAL REG. 3-5-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newsome Sons ADDRESS 1331 BASH CREEK KANSAS CITY, MO.
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WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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.....
Signature of Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No. *48*

P. O. Address *Kenia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.