

FILED SEP 24 1957

STANDARD CERTIFICATE OF DEATH

31810 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4148

300
-57

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>434 WEST 57 TERR.</u>		Length of stay in lb <u>35 YEARS</u>		d. STREET ADDRESS (If outside, give location) <u>434 WEST 57 TERR.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MILLO</u> Middle <u>THOMAS</u> Last <u>DOANE</u>			4. DATE OF DEATH Month <u>SEPT.</u> Day <u>5</u> Year <u>1957</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>APRIL 10, 1899</u>	9. AGE (In years from birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PROJECTIONIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MOTION PICTURE</u>	11. BIRTHPLACE (City and state or country) <u>LAWRENCE, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>CLELL DOANE</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE PALMATEER</u>		14. NAME OF HUSBAND OR WIFE <u>HALCYON E. DOANE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>	16. SOCIAL SECURITY NO. <u>486-05-5939</u>	17. INFORMANT Address <u>MRS. HALCYON E. DOANE, 434 WEST 57th TERR. K.C. MO.</u>					
18. CAUSE OF DEATH (Enter only one cause per part (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Stagnation</u>					INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car caught him between it & tree.</u>					
20c. TIME OF INJURY Hour <u>3:10</u> a.m. <u>9-5-57</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION <u>Southside Jackson</u>		COUNTY <u>JACKSON</u> STATE <u>MO</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ <input checked="" type="checkbox"/> Death occurred at <u>3:10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>G.W. Newcomer Deputy Coroner</u> (Degree or title)			22b. ADDRESS <u>6027 Pleasant St. K.C. Mo</u>		22c. DATE SIGNED <u>9-5-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>SEPT. 7, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
24. FUNERAL DIRECTOR <u>P.W. NEWCOMER'S SONS</u>		ADDRESS <u>K.C. MO.</u>	25. DATE RECD. BY LOCAL REG. <u>9-5-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealhofer



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 *Raymond M. Hardy*

Licensed Embalmer No. *4913*

P. O. Address *Indep, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.