

Health, Welfare, Public Service

FILED OCT 9 1957

STANDARD CERTIFICATE OF DEATH

318113

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4370

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) <u>413 Bellefontaine</u> Length of stay in lb <u>49 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>413 Bellefontaine</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>IRENE AURELIA Douglas</u>			4. DATE OF DEATH Month Day Year <u>Sept-12-1957</u>
5. SEX <u>Female</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>Aug-27-1888</u>
9a. AGE (In years) <u>69</u> (last birthday) Months <u>-</u> Days <u>-</u>		9b. IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Marion, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Francis M. Taggart</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Dawson</u>	
14. NAME OF HUSBAND OR WIFE <u>Louis Wm Douglas</u>		15. WAS DECEASED EVER IN U. S. ARMED SERVICES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Louis Wm Douglas</u> Address <u>K.C., Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Gen Arteriosclerosis -</u> DUE TO (c) <u>Cerebral Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diaphragmatic Hernia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>Undet</u> <u>Undet</u>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>April 57</u> to <u>time of death</u> and last saw her alive on <u>9-18-57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Leo M. Muller M.D.</u> (Name or title)		22b. ADDRESS <u>4443 Paseo Blvd</u>	
22c. DATE SIGNED <u>9-20-57</u>		23. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Sept 22 1957</u>	
23c. LOCATION (City, town, or county) (State) <u>Joliet Ill.</u>		24. FUNERAL DIRECTOR <u>C. J. Blackman & Son Inc.</u> ADDRESS <u>U.C. 716.</u>	
25. DATE RECD. BY LOCAL REG. <u>9-20-57</u>		26. REGISTRAR'S SIGNATURE <u>Irene Minshall</u>	

Vertical text on the left margin: MEDICAL CERTIFICATION, LEO M. MULLER, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, All diseases in Part I must be causally related.

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APR 22 1959

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 *W.C. Burns*

Licensed Embalmer No. *4879*

P. O. Address *W.C. Burns*

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.