

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021307

State File No.

FILED JUL 13 1959

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3075

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, write RURAL and give town) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>3710 WALNUT</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u>	b. (Middle) <u>DORAN</u>	c. (Last) <u>DORAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 23, 1959</u>
---------------------------------------------------------------	--------------------------	------------------------	---------------------------------------------------------------

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>3-15-1897</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Excelsior Springs, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James Henry</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Cravens</u>	14. NAME OF HUSBAND OR WIFE <u>Lott C. Doran</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. La Post</u> ADDRESS <u>3710 WALNUT K.C. Mo.</u>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral vascular accident</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Sclerotized</u>		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>1</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) <u>331x</u>

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?
-------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from 1954, 19 , to June 23, 1959, that I last saw the deceased alive on June 23, 1959, and that death occurred at 10:27 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Kansas City, Mo.</u>	23c. DATE SIGNED <u>6/23/59</u>
-----------------------------------------------------	--------------------------------------	---------------------------------

24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>June 25, 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graceland</u>	24d. LOCATION (City, town, or county) (State) <u>Weldon, Missouri</u>
---------------------------------------------------------	--------------------------------	-----------------------------------------------------	-----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>6-24-59</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PRICHARD FUNERAL HOME</u> ADDRESS <u>EXCELSIOR SPRINGS, MO.</u>
-----------------------------------------	------------------------------------------	-----------------------------------------------------------------------------------------------------

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.....
Signature of Student Embalmer

Signed *Ralph Van Landingham*

Licensed Embalmer No. *400*

Frederic J. Smith, Jr.
P. O. Address *Smith, Jr.*

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.