

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-036135

FILED VS OCT 16 1959/49

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 4757

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>50yrs.</u>		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>St. Mary's Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3341 Indiana</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM A. DAUPHIN</u>				4. DATE OF DEATH Month Day Year <u>October 1, 1959</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>2-2-1886</u>		9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Route Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Butter Co.</u>			11. BIRTHPLACE (City and state or country) <u>Bancroft, Neb.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>					
13a. FATHER'S NAME <u>Paul Dauphin</u>				13b. MOTHER'S MAIDEN NAME <u>Frederica Rauh</u>				14. NAME OF HUSBAND OR WIFE <u>Barbara Dauphin</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>486-10-6256</u>		17. INFORMANT Address <u>Mrs. Barbara Dauphin - 3341 Indiana</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>Myocardial infarction & atherosclerosis</u> DUE TO (b) <u>Generalized atherosclerosis</u> DUE TO (c) <u>Generalized atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)									PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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>9-25-59</u> to <u>10-1-59</u> and last saw her ^{her} deceased alive on <u>10-1-59</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE (Degree or title) <u>Geo C Kealhofer MD</u>					22b. ADDRESS <u>6627 Prospect - K. C., Mo.</u>				22c. DATE SIGNED <u>10-2-59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>10-3-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Mem. Gardens</u>			23d. LOCATION (City, town, or county) (State) <u>Clay Co., Mo.</u>					
24. FUNERAL DIRECTOR ADDRESS <u>Melody-McGilley-Eylar 1800 Linwood</u>					25. DATE RECD. BY LOCAL REG. <u>10-2-59</u>		26. REGISTRAR'S SIGNATURE <u>neva minshall</u>						

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Geo. C. Kealhofer**

D. Geo. Keen
6627 Prange
Dec 3-91
1:30 PM

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

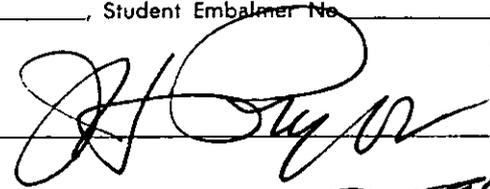
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. _____

P. O. Address _____

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.