

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001508

FILED VS FEB 4 1960 149

Primary Registration District No. 1002 Registrar's No.

356

STATE FILE NUMBER

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>		Length of stay in lb <u>4 da.</u>	c. CITY OR TOWN <u>Raytown</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>5528 Appleton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Hazel</u> Middle <u>Lorraine</u> Last <u>Dooley.</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>18</u> Year <u>1960.</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>Apr. 20, 1925</u>
9. AGE (last birthday) <u>34</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>	11. BIRTHPLACE (City and state or country) <u>Shirley Ark.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Irvin Mahan</u>	
13b. MOTHER'S MAIDEN NAME <u>Stephena O. Paxon</u>		14. NAME OF HUSBAND OR WIFE <u>Robert B. Dooley.</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>493-26-4801</u>	17. INFORMANT <u>Robert B. Dooley Raytown 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>Rupture of Int Shios art. & Hemorrhage</u> DUE TO (b) <u>Acquired Rupt. Heart & Heart Lung troubles</u> DUE TO (c) <u>Intestinal Sympulid (Epates Syndrome.)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> <u>2 hours</u> <u>33 years.</u>
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 checked="" 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>2-9-59</u> to <u>1-18-60</u> and last saw her/him alive on <u>1-18-60</u> Death occurred at <u>1:30</u> P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Philip J. Baker MD.</u>		22b. ADDRESS <u>9306 E. New 40 Indyp. Mo</u>	22c. DATE SIGNED <u>1-19-60</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>Jan. 21, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City. Mo.</u>
24. FUNERAL DIRECTOR <u>C. Clark Regent Raytown, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-21-60</u>	26. REGISTRAR'S SIGNATURE <u>never Minichall</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF PHILIP J. Baker

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clark Heger

Licensed Embalmer No. 3983

P. O. Address, Raytown, 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.