

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11792
State File No.

1900
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5217 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Austin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Miles So. of Harrisonville Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1208 So. 24th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothy</u> b. (Middle) <u>Rachel</u> c. (Last) <u>Doubledee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 22 1949</u>
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JAN 26 1914</u>
9. AGE (In years last birthday) <u>35</u>	10. MONTHS <u>2</u>	10. DAYS <u>26</u>	IF UNDER 1 YEAR 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>L</u>	11. BIRTHPLACE (State or foreign country) <u>PARSONS Kans</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Hiram Leslie</u>	13b. MOTHER'S MAIDEN NAME <u>Viola McFerron</u>	14. NAME OF HUSBAND OR WIFE <u>Fred A Doubledee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>L</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Doubledee St Joseph 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, ashenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CRUSHING INJURY RT. CHEST</u>			<u>8/166</u> <u>26</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>L</u>	19b. MAJOR FINDINGS OF OPERATION <u>L</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 71</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HARRISONVILLE Cass Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 22 1949 4PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>CAR Accident</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. J. Barger MD</u>		23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>April 23 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 25 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St Joseph Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 23 1949</u>	REGISTRAR'S SIGNATURE <u>Paula J Jones</u>	51 - _____	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harrisonville Mo.</u>

JUN 9 1949

MAY 4 1949

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

Bill J. Dickey

Student Embalmer No. *254*

working under my personal supervision.

Student
Student Embalmer

Signed *Floyd Atkinson*

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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

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