

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37224**  
**4979**

BIRTH NO. **49176-49** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4979**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> c. LENGTH OF STAY (in this place) <b>1 1/2 mos.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>403 South Benton K.C.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Menorah</b>		d. STREET ADDRESS (If rural, give location) <b>4031 South Benton, Kansas City, Mo.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Linda</b> b. (Middle) <b>Dougan</b> c. (Last) <b>Dougan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-22-49</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Aug. 27, 1949</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>(Infant)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>(Infant)</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <b>0</b> Days <b>25</b> IF UNDER 24 HRS. Hours Min.	
11. BIRTHPLACE (State or foreign country) <b>Kansas City, Mo. (Menorah Hosp.)</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ralph J. Dougan</b>		13b. MOTHER'S MAIDEN NAME <b>Lenora Long</b>	14. NAME OF HUSBAND OR WIFE <b>(Infant)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ralph J. Dougan, 4031 South Benton, K.C., Mo.</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Cystic Fibrosis of Pancreas (clinical diagnosis)</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	<b>491X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <b>11-22, 1949</b> , to <b>11-22, 1949</b> , that I last saw the deceased alive on <b>11-22, 1949</b> and that death occurred at <b>9:47pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Sidney H. Pakula</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>411 Alameda Rd. K.C. Mo.</b>	23c. DATE SIGNED <b>11/22/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-25-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>11-23-49</b>	REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar, Kansas City, Mo.</b>	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Elmer E. Heck*

Signed .....

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4063*

P. O. Address \_\_\_\_\_

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