

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

3169

No. 300
10.48

FILED AUG 4 1952

| | | | | | | | |
|---|---------------------------|---|---|--|--|---|--------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>3169</u> | |
| 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 township) OR TOWN <u>Kansas City, Missouri</u> | | c. LENGTH OF STAY (In this place) <u>2 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>K. C. Convelesant Home.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3200 Norledge</u> <u>3098</u> | | | |
| 3. NAME OF DECEASED (Type or Print) (First) <u>Patrik</u> (Middle) <u>J</u> (Last) <u>Dooley</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>11</u> <u>52</u> | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | 8. DATE OF BIRTH <u>March 27, 1876</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Month | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired 23 yrs.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Patrik Dooley</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret O'Day</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</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 ADDRESS <u>Michael H. Dooley-117 South Monroe</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>3 yrs</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 <u>7-31-50</u> , 19 <u> </u> , to <u>7-11-52</u> , 19 <u> </u> , that I last saw the deceased alive on <u>7-10-52</u> , and that death occurred at <u>9P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Frank Paul Lawrence</u> (Print name or title) | | | | 23b. ADDRESS <u>1104 28 S. White Ave.</u> | | 23c. DATE SIGNED <u>7-12-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-15-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>7-14-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melboby-McGilley-Eylar--1800 E. Linwood.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *Glen E. Heck* _____

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.