

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28269  
3618

State File No. \_\_\_\_\_

AUG 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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 BUREAU and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>30 yrs</b>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) <b>1204 Washington</b>		d. STREET ADDRESS (If rural, give location) <b>1204 Washington</b>	
3. NAME OF DECEASED a. (First) <b>Dorsey</b>		c. (Last) <b>Key</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify)		8. DATE OF BIRTH <b>Oct. 11, 1891</b>	
9. AGE (In years last birthday) <b>60</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Fulton Kan.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Unknown</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>"Unk."</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Viola Vogt</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause of death unknown</b> 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. <b>7955</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>No relation to sign. P. found</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>	
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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7A</b> m., from the causes and on the date stated above.	
23. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)		23b. ADDRESS <b>7034 Palatka</b>	
23c. DATE SIGNED <b>8-11-52</b>		24a. FUNERAL CREMATION (REMOVAL) (Specify) <b>Funeral</b>	
24b. DATE <b>8-14-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kan.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>B. E. Wolcott</b>	
DATE REC'D BY LOCAL REG. <b>8-13-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>B. E. Wolcott</b>		ADDRESS <b>C. O. Mo.</b>	

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

NOV 1911

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

*B. E. Weir*

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

4075

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

*E. C. S., No.*

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.