

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 144

144

FILED FEB 14 1953

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>10 DAYS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MENORAH HOSPITAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MISSION</u> <u>8150</u>	
		d. STREET ADDRESS (If rural, give location) <u>7700W. 64th Terrace</u>	
3. NAME OF DECEASED a. (First) <u>MARK</u>		b. (Middle) <u>F.</u>	
		c. (Last) <u>Doty, JR.</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 10 - 53</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN-29-1924</u>
9. AGE (In years last birthday) <u>28</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONTRACTOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MARK F. DOTY, SR.</u>	
13b. MOTHER'S MAIDEN NAME <u>EUNICE DOKSEE</u>		14. NAME OF HUSBAND OR WIFE <u>MRS EDITH DOTY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES (WORLD WAR II)</u>		16. SOCIAL SECURITY NO. <u>489-22-9101</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EDITH DOTY</u>	
		ADDRESS <u>7700 W. 64th TERR. MISSION, KANSAS</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>Anemia &amp; Cholemia</u>  ANTECEDENT CAUSES DUE TO (b) <u>Generalized hemolytic state</u> DUE TO (c) <u>Toxic inhibition joint remover</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>123</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Construction of Bldg.</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CORPORATION Kansas City, Jackson, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sometime during week preceding entrance to hosp.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? <u>inhalation of paint remover</u>	
22. I hereby certify that I attended the deceased from <u>12-31, 1952</u> to <u>1-10, 1953</u> , that I last saw the deceased alive on <u>1-10, 1953</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William L. Mundy M.D.</u>		23b. ADDRESS <u>720 Professional Bldg</u>	
		23c. DATE SIGNED <u>1-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN-13-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>1-13-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Newcomer</u>	
		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

