

FILED MAY 1 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14144

1919

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>Missouri</u> b. COUNTY <u>Jackson</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>4 yrs/mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		3028					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N.C.T.B. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>529 Grand</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>			b. (Middle) _____		c. (Last) <u>Dougherty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 10 1953</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>Sept. 11 - 1875</u>		9. AGE (In years last birthday) <u>77</u>			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Work</u>		11. BIRTHPLACE (State or foreign country) <u>Glasgow Scotland</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>					
13a. FATHER'S NAME <u>PATRICK DOUGHERTY</u>			13b. MOTHER'S MAIDEN NAME <u>SUSAN McNICHEL</u>			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. <u>497-01-3762</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, K.C.B.</u>			ADDRESS <u>K.C., 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</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.				INTERVAL BETWEEN ONSET AND DEATH <u>DDA</u>			
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) _____			
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 <u>2-24</u> , 19 <u>49</u> , to <u>4-10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-10</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <u>George K. Lendis</u> (Degree or title) <u>M.D.</u>					23b. ADDRESS <u>Prof. Bldg. K.C., Mo.</u>			23c. DATE SIGNED <u>4-10-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-13-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>					
DATE REC'D BY LOCAL REG. <u>4-10-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Mellody M. Gilley-Kyle, K.C., Mo.</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

via 11643

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.....
Student Embalmer

Signed *J. H. Ryan*
Licensed Embalmer No. *2989*

P. O. Address *J. C. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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