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FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35832**
5108

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City,		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 916 S. Massachusetts	
3. NAME OF DECEASED (Type or Print) a. (First) Madeline b. (Middle) L. c. (Last) DOUGHERTY		4. DATE OF DEATH (Month) (Day) (Year) 10 26 53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9 - 4 - 1913
9. AGE (In years last birthday) 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTH PLACE (City, State or Foreign Country) Sedalia, Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Chas. E. Crawford		13b. MOTHER'S M maiden name Lillie Baker	14. NAME OF HUSBAND OR WIFE Wm. J. Dougherty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, month, rank) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. J. Dougherty, Sedalia, Mo.
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) mesenteric thrombosis 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. 5702	
19a. DATE OF OPERATION 10/20/53	19b. MAJOR FINDINGS OF OPERATION Gangrene Small bowel		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 10/12, 1953 , to 10/26, 1953 , that I last saw the deceased alive on 10/26, 1953 , and that death occurred at 3:25 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. A. GROWDON		23b. ADDRESS 1103 Grand N.C. Mo	23c. DATE SIGNED 10/27/53
24a. BURIAL, CREMATION, OR REMOVAL OF BODY Removal	24b. DATE 10-29-53	24c. NAME OF CEMETERY OR REMAINTORY Memorial Park	24d. LOCATION (City, town, or county) (State) D. W. Heckert, Sedalia, Mo.
DATE REC'D BY LOCAL REG. 10-27-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Heckert Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

John Grawdon
Prof. By.
Vi. 1365

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 D. W. Leckart

Licensed Embalmer No. 3470

P. O. Address Sedalia

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.