

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8607**  
**1420**

FILED APR 14 1954

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 RURAL and give town or township) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2 years</b>		e. STREET ADDRESS (If rural, give location) <b>7724 Walnut</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7724 Walnut</b>		91 <b>7724 Walnut</b> <b>3918</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Della</b>		b. (Middle)		c. (Last) <b>Doris</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 29 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>Aug. 6, 1870</b>		9. AGE (In years last birthday) <b>84 83</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-0-</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>John H. Fitzgerald</b>		13b. MOTHER'S MAIDEN NAME <b>Florence Lafferty</b>		14. NAME OF HUSBAND OR WIFE <b>Edward F. Doris (dec)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-0-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gerald F. Doris, 7724 Walnut</b>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		?	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		4200	
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		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 **Dec. 1953**, to **3-29-54**, that I last saw the deceased alive on **3-29-54**, 19\_\_\_\_, and that death occurred at **8:10 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. C. Kealhofer</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>4050 Broadway St. Des Moines</b>		23c. DATE SIGNED <b>3-30-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>3/31/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Glendale Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Des Moines, Iowa</b>	

DATE REC'D BY LOCAL REG. <b>3.30-54</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Quirk &amp; Tobin Co. 20 W. Linwood K.C. Mo.</b>	
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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.....  
Signature of Student Embalmer

Signed: *Forrest D. Goldsnon*

Licensed Embalmer No. *4214*

P. O. Address *K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.