

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40897

State File No. 5849

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5849	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY JACKSON			
b. CITY (if outside corporate limits, write RURAL and give town) KANSAS CITY		c. LENGTH OF STAY (in this place) 1948		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2814 TRACY AVENUE				STREET ADDRESS (If rural, give location) 3420 2814 TRACY AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) STACY		b. (Middle) PRUETT		c. (Last) DOUGLAS		4. DATE OF DEATH (Month) (Day) (Year) DEC 20, 1954	
5. SEX <input checked="" type="checkbox"/> MALE	6. COLOR OR RACE <input checked="" type="checkbox"/> WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH DEC. 20, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY OLD AMERICAN INSURANCE CO		11. BIRTHPLACE (City and State or Foreign Country) LOUISVILLE, ALABAMA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John S. Douglas		13b. MOTHER'S MAIDEN NAME FRANCES L. PRUETT		14. NAME OF HUSBAND OR WIFE Ethel F. Douglas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-05-5649		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel F. Douglas		ADDRESS 2814 Tracy Ave. No.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pharynx				INTERVAL BETWEEN ONSET AND DEATH 18 mos.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.				148X	
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 Sept 14, 1953, to Dec 20, 1954, that I last saw the deceased alive on Dec 20, 1954, and that death occurred at 5 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Samuel B. Chapman (Degree or title) M.D.				23b. ADDRESS 835 Doyle Bldg Kansas City Missouri		23c. DATE SIGNED Dec 21, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-23-54	24c. NAME OF CEMETERY OR CREMATORY mt. moriah		24d. LOCATION (City, town, or county) Kansas City, Mo.		(State)
DATE REC'D BY LOCAL REG. 12-22-54		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE O. H. Newcomer		ADDRESS 1337 BATH CREEK KANSAS CITY, MO.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Samuel B. Chapman

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.....
Richard L. Rogers

Licensed Embalmer No. *4873*

P. O. Address.....
H. L. Moore

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.