

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43278

6013

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		a. STATE <b>Oklahoma</b>		b. COUNTY <b>Washington</b>	
c. LENGTH OF STAY (in this place) <b>3 mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bartlesville</b>		d. STREET ADDRESS (If rural, give location) <b>Rocking D. Ranch</b>		<b>8350</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Rocking D. Ranch</b>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <b>DOROTHY</b>	b. (Middle) <b>WILLIAM</b>	c. (Last) <b>DOTY</b>	Date <b>Dec. 30 1954</b>	Month <b>Dec.</b>	Day <b>30</b>	Year <b>1954</b>	5. SEX <b>female</b>
6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>July 19, 1909</b>		9. AGE (In years last birthday) <b>45</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		11. BIRTHPLACE (City and State or Foreign Country) <b>Independence, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Bert Russell</b>		13b. MOTHER'S MAIDEN NAME <b>Blanch Gastimeau</b>		14. NAME OF HUSBAND OR WIFE <b>Layton Doty</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>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Layton Doty Rocking D. Ranch</b>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute lymphatic leukemia</b>				<b>4 mos.</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.		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.				<b>2040</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>9-9, 1954</b> , to <b>12-30, 1954</b> , that I last saw the deceased alive on <b>12-30, 1954</b> , and that death occurred at <b>8:15 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Martin J. Mueller</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>505 Angulo Bldg K.C. Mo</b>		23c. DATE SIGNED <b>12-30-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/31/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bartlesville, Oklahoma</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>12-31-54</b>		REGISTRAR'S SIGNATURE <b>Neval Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCURE UND. CO.</b>		ADDRESS <b>K.C.MO.</b>	

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

2011-02-07 08:34

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 Edna D. Triplett

Licensed Embalmer No. 4817

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.