

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 26121
3558BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>37 yrs.</u>		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 <u>4212 SCARRITT</u>		8 STREET ADDRESS (If rural, give location) <u>4212 SCARRITT</u> ³⁰⁸⁸	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDERSON</u> b. (Middle) <u>-</u> c. (Last) <u>DOAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-10-1955</u>		
--	--	--	--	--	--

5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH-8-1889</u>		9. AGE (in years last birthday) Months Days Hours Mins. <u>66</u>	
--------------------	--	-------------------------------	--	---	--	--------------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAR Inspector</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri Rail Road</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>COTTONWOOD, IOWA</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
--	--	--	---	--	--	--	--	--	--	--	--

13a. FATHER'S NAME <u>JOSEPH H. DOAN</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA K. ELLIOTT</u>			14. NAME OF HUSBAND OR WIFE <u>AUDRA M. DOAN</u>		
--	--	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>702-14-9943</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>AUDRA DOAN 4212 SCARRITT 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>334 X</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) (Min.)		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 July 21, 1955, to Aug 10, 1955, that I last saw the deceased alive on Aug 9, 1955, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. W. Rose</u> (Degree or title) <u>9450</u>			23b. ADDRESS <u>108 N. Edmond Kansas City, Mo.</u>			23c. DATE SIGNED <u>8/12/55</u>		
--	--	--	--	--	--	---------------------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG-13-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8-13-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. H. BLACKMAN & SON Inc.</u>		

(Licensed Embalmer's Statement on Reverse Side)

K.C. Mo.

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 *W.C. Reine*

Licensed Embalmer No. *487*

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.