

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29705

State File No.

FILED SEP 28 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4034

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|---|---|---|---|
| 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 town) OR TOWN <u>Kansas City</u> | c. LENGTH OF STAY (In this place) <u>5 days</u> | c. CITY OR TOWN <u>Kansas City</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>Coates House Hotel</u> | | e. STREET ADDRESS (If rural, give location) <u>17 10th & Broadway</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) _____ c. (Last) <u>DOAN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sep. 15 1955</u> | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>Dec. 24 1872</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|--|--------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Tipton, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>(first unknown) Cline</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah E. Ashcroft</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u> | | 16. SOCIAL SECURITY NO. <u>488-38-5938</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Irene Needles Liberty, Mo.</u> ADDRESS _____ | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Heart Disease</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>4200</u> | | |
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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | |
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| 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? _____ | |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u> | | 23b. ADDRESS <u>1034 Rialto Bldg</u> | 23c. DATE SIGNED <u>9-16-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9/17/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u> |
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|---|--|--|---------------------------|
| DATE REC'D BY LOCAL REG. <u>9-16-55</u> | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Kelly</u> | ADDRESS <u>Indep. Mo.</u> |
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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, ~~on~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forest D. Coldman*

Licensed Embalmer No. *471*

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.