

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40513**
Registrar's No. **5285**

FILED DEC 28 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 township) OR TOWN Kansas City		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"/>
c. LENGTH OF STAY (in this place) 1 1/2 yrs		e. STREET ADDRESS (If rural, give location) 322 N. Brighton	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) MICHAEL c. (Last) DOUGHERTY			4. DATE OF DEATH (Month) (Day) (Year) 12 5 55		
5. SEX D Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 3, 1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R.		11. BIRTHPLACE (City and State or Foreign Country) Effingham, Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James Dougherty		13b. MOTHER'S MAIDEN NAME Mary Falvey		14. NAME OF HUSBAND OR WIFE Gertrude Dougherty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-14-3232		17. INFORMANT'S SIGNATURE OR NAME Gertrude D. Dougherty ADDRESS 322 N. Brighton	

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) Acute hemorrhagic pancreatitis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) cholecystectomy and exploration of the common duct DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS adenomatous hypertrophy of the prostate with bilateral hydronephrosis <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH 4 days 5 days 50 not known
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19a. DATE OF OPERATION 11/30/55		19b. MAJOR FINDINGS OF OPERATION Stenosis of the ampulla of Vater; chronic cholecystitis and cholelithiasis		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 **Nov. 28**, 19**55**, to **Dec. 5**, 19**55**, that I last saw the deceased alive on **Dec. 3**, 19**55**, and that death occurred at **2:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. E. Castles (Degree or title) M. D.		23b. ADDRESS 1002 Argyle Building Kansas City 6, Missouri		23c. DATE SIGNED 12/6/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 7, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 12-6-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGillye-Eylar 1800 E. Linwood			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
J. E. Castles

*Dr. J. E.
Argyle
2-5*

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..... *Ivan E. Miller*

Licensed Embalmer No. *498*

P. O. Address *K. C. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.