Health, Welfare Public Service

300 D 1-56

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 23684

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2918

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Luke's Hospital — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Livingston
c. CITY OR TOWN: Utica — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 0590 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Buel Middle: William Last: Doosing
4. DATE OF DEATH: Month July Day 5 Year 1956
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-12-1906
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (City and state or country): Utica Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.
13. FATHER'S NAME: Charles C. Doosing
14. MOTHER'S MAIDEN NAME: Hortense Lemon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Virginia Doosing — Address: Utica Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cellulitis Epididymitis (r. l.) — 2 wks
DUE TO (c): Bronchopneumonia 614X — 3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Paraplegia due to section of cord at L-1 in 1936
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.): Struck by falling machine in 1936
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 12-22-36 1936
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
20f. CITY, TOWN, OR LOCATION: Kansas City — COUNTY: Jackson — STATE: Mo
21. I attended the deceased from 1936 to July 5 1956 and last saw her alive on July 4
✓ Death occurred at July 5 1956 3 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Richard H. Keene (Degree or title): M.D.
22b. ADDRESS: 4312 J.C. Nichols Pkwy KC Mo
22c. DATE SIGNED: 7-5-56
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-5-56
23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City, town, or county) (State): Chillicothe, Mo.
24. FUNERAL DIRECTOR — ADDRESS: D. W. Newcomer's Sons 1331 Brush Creek
25. DATE RECD. BY LOCAL REG.: 7-5-56
26. REGISTRAR'S SIGNATURE: neva marshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

WRITE PLAINLY—USING UNFADING BLACK INK

[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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — 2 days

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. Paraplegic

Death reported by Dr. Keene 7-6-56

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1956, to July 5, 1956, that I last saw the deceased alive on July 5, 1956, and that death occurred at 3:12 a m., from the causes and on the date stated above.

23a. SIGNATURE: W. H. Keener (Degree or title): M.D.
23b. ADDRESS: St. Lukes Hospital, K.C., Mo.
23c. DATE SIGNED: July 7, 1956
24a. BURIAL CREMATION REMOVAL (Specify): BURIAL
24b. DATE: JULY 5 1956
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): CHILLICOTHE MISSOURI
DATE REC'D BY LOCAL REG.: 7-5-56
REGISTRAR'S SIGNATURE: neva marshall
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons
ADDRESS: 1331-33 BRUSH CREEK KANSAS CITY MO.

(Licensed Embalmer's Statement on Reverse Side)

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OCT 1 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student..... Signed.....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student..... Signed Chester K Brown
Signature of Student Embalmer

Licensed Embalmer No. 4931

P. O. Address KC Mo

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