

FILED MAY 18 1957

STANDARD CERTIFICATE OF DEATH

12170

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>507</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>Atwood</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph, Mo.</u>		c. LENGTH OF STAY (In this place) <u>3 hrs.</u>		c. CITY OR TOWN <u>Atchison</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>St. Joseph's Hospital</u>				a. STREET ADDRESS (If rural, give location) <u>R.R. # 4</u>		8150 8	
3. NAME OF DECEASED a. (First) <u>Joseph</u>		b. (Middle) <u>Patrick</u>		c. (Last) <u>DOOLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 7 57</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>March 5, 1957</u>	
9. AGE (In years last birthday) <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Atchison, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph P. Dooley</u>		13b. MOTHER'S MAIDEN NAME <u>Jarah Dooley</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Dooley, Atchison, Kan</u>		ADDRESS <u>Atchison, Kan</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>adrenal insufficiency</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. <u>Dehydration</u>				INTERVAL BETWEEN ONSET AND DEATH <u>birth</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>274x</u>				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) <u>St Joseph Buch. Mo.</u>		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 AND INJURY OCCURRED					
22. I hereby certify that I attended the deceased from <u>3-21 597</u> , to <u>4-23 1957</u> , that I last saw the deceased alive on <u>4-23-57</u> , and that death occurred at <u>9:15 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. E. Peterson M.D.</u>				23b. ADDRESS <u>St Joseph Mo</u>		23c. DATE SIGNED <u>5-8-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/9/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery, Atchison, Kansas</u>		24d. LOCATION (City, town, or county) (State) <u>Atchison, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>May 10, 1957</u>		REGISTRAR'S SIGNATURE <u>Cathie M. Allison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Harold Buis</u>		ADDRESS <u>Atchison Kan</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *J. Meyer*.....
Licensed Embalmer No. *432*.....
P. O. Address *Atch...*.....

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.