

FILED MAY 7 - 1957

STANDARD CERTIFICATE OF DEATH

State File No. 1864

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1864</u>				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>75 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		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>Research Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Calhoun Hotel 3701 Broadway</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u>			b. (Middle) <u>B.</u>		c. (Last) <u>Doolittle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 25, 1879</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>77</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>				10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		
13a. FATHER'S NAME <u>Samuel S. Bursick</u>			13b. MOTHER'S MAIDEN NAME <u>Hariette</u>			14. NAME OF HUSBAND OR WIFE <u>Walter P. Doolittle</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Max Howard W Grant</u>				ADDRESS <u>5546 Central</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Peritonitis - Lower abdomen</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Exposure sigmoid Colon</u>						<u>5 days</u>		
		DUE TO (c) <u>Pulmonary atelectasis Arterio Sclerosis</u>						<u>578 X</u>		
19a. DATE OF OPERATION <u>April 15, 1957</u>		19b. MAJOR FINDINGS OF OPERATION <u>Peritonitis - Unable to find perforation - Colonomy</u>						20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>Kansas City</u>		(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 <u>1936</u> to <u>April 19, 1957</u> , that I last saw the deceased alive on <u>April 18, 1957</u> , and that death occurred at <u>4:45 Am.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Carl R. Ferris</u>					(Degree or title) <u>MD</u>		23b. ADDRESS <u>535 Duque Blvd Kansas City, Mo</u>		23c. DATE SIGNED <u>April 19, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 20-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Met. Memorial Temple</u>		24d. LOCATION (City, town, or county) <u>Kansas City, Mo</u>		(State)		
DATE REC'D BY LOCAL REG. <u>4-10-57</u>		REGISTRAR'S SIGNATURE <u>Reva Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer Son</u>			ADDRESS <u>1331 Broadway Kansas City Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Carl R. Ferris

De Ferris

539 aryle



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..... *Chester K Brown*

Licensed Embalmer No. *493*

P. O. Address *Ke Me*

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.