

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1575

STATE FILE NUMBER

FILED FEB 14 1958

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 25

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, give TOWNSHIP only) OR TOWN <u>Rural Prairie</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Lee's Summit</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jackson Co. Hosp. 1 Mon.</u>			d. STREET ADDRESS (If outside, give location) <u>Route 2</u>		
3. NAME OF DECEASED (Type or print) First <u>Matthew</u> Middle <u>Alexander</u> Last <u>Dooling</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>31</u> Year <u>1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 7-1861</u>	9. AGE (In years last birthday) <u>96</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Benjuman Dooling</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</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 <u>Roy Dooling, Lee's Summit, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO (b) _____ DUE TO (c) <u>Hip fracture</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>700</u>		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>12-31-57</u> to <u>1-31-58</u> and last saw <u>him</u> alive on <u>1-30-58</u> . Death occurred at <u>1:20</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Ronald W. ...</u> (Degree or title)			22b. ADDRESS <u>Jackson County Hospital</u>		22c. DATE SIGNED <u>1-31-1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Jan. 31, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cherryvale, Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cherryvale, Kansas</u>	
24. FUNERAL DIRECTOR <u>Burns Funeral Home</u> <u>Cherryvale, Kansas</u>			25. DATE RECD. BY LOCAL REG. <u>1-31-1958</u>		26. REGISTRAR'S SIGNATURE <u>N. B. Longstaff</u>

(Licensed Embalmer's Statement on Reverse Side)

Dissemination in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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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 *D. B. Langford*.....  
Licensed Embalmer No. *46*.....  
P. O. Address *Lees Summit*.....

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.