

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029172
STATE FILE NUMBER

FILED AUG 20 1958 Registration District No. 149 Primary Registration District No. 1202 Registrar's No. 3773

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in 1b 64 yrs	d. STREET ADDRESS (If outside, give location) 651 ROMANY ROAD
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MIDDLE Last JAMES JOHN McDOUGALL			4. DATE OF DEATH Month Day Year AUGUST 2 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 1. 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER	10b. KIND OF BUSINESS OR INDUSTRY McDOUGALL STORE	11. BIRTHPLACE (City and state or country) HOWARD LAKE, MINN	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Mc Dougall	13b. MOTHER'S MAIDEN NAME Elizabeth Mahan	14. NAME OF HUSBAND OR WIFE DEAN Mc DOUGALL
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 487-07-2581	17. INFORMANT DEAN Mc DOUGALL - KANSAS CITY, MO	Address 651 ROMANY RD.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Grade III Squamous Cell Carcinoma, urinary Bladder.		INTERVAL BETWEEN ONSET AND DEATH 12/3
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) Metastatic extension of urinary bladder carcinoma to ureter - left hydronephrosis		

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Refused
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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
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21. I attended the deceased from Death occurred at		and last saw him alive on	
February 27 1958 12:35 P.		Aug. 2, 1958	
to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Carl R. Ferris	(Degree or title) M.D.	22b. ADDRESS 535 Angyle Bldg., Kansas City 6 Missouri	22c. DATE SIGNED Aug 4, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Aug. 6 1958	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH	23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 8-6-58	26. REGISTRAR'S SIGNATURE Neva Minchall
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Doctor, coroner, etc.: must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Carl R. Ferris

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1-57 0



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. 4931
P. O. Address K C (M)

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.