Health, Welfare Public Service

300 1-57

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

E.C. Kettner

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005517

STATE FILE NUMBER 531

FILED FEB 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits Yes [#] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Colonial Home 100 E. 36 St. — Length of stay in 1b: 6 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Anderson
c. CITY OR TOWN: Harris 8150 8 — Inside Limits Yes [#] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [#]

3. NAME OF DECEASED (Type or print): First: Dennis Middle: Roach Last: Doyle

4. DATE OF DEATH Month: Jan. Day: 27 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [#] DIVORCED [ ]

8. DATE OF BIRTH: July 2, 1876

9. AGE (In years last birthday): 82 — 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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Boston Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Doyle

13b. MOTHER'S MAIDEN NAME: Kathryn Johaness

14. NAME OF HUSBAND OR WIFE: Blanche Doyle

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: Mrs. Eunice Goodlett Address: K. C. 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): Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 450 · H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of prostate

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 9 1958 to Jan 27, 1959 and last saw him alive on Jan 27, 1959. Death occurred at 9 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. C. Kettner (Degree or title) M.D. — **22b. ADDRESS** Kansas City Mo. — **22c. DATE SIGNED** 1/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **23b. DATE:** 1/28/59 — **23c. NAME OF CEMETERY OR CREMATORY:** Emerald Cemetery — **23d. LOCATION** (City, town, or county) (State): Anderson Co. Kansas

24. FUNERAL DIRECTOR: Stine & McClure — **ADDRESS:** K. C. Mo.

25. DATE RECD. BY LOCAL REG.: 1-28-59 — **26. REGISTRAR'S SIGNATURE:** Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

+

No. 1-2872
will be in at 11 to 11.30
1.30 to 4

KP 5

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 William M. Turner

Licensed Embalmer No. 4648

P.O. Address Kansas City, Mo

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.