

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013246

STATE FILE NUMBER

1956

FILED MAY 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5521 Chestnut</i>		Length of stay in 1b <i>2 years</i>	d. STREET ADDRESS (If outside, give location) <i>5521 Chestnut</i>
3. NAME OF DECEASED (Type or print) First <i>CINDA</i> Middle Last <i>Doughty</i>		4. DATE OF DEATH Month <i>April</i> Day <i>18</i> Year <i>1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 17 1884</i>
9. AGE (In years last birthday) <i>74</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Realty</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Realty</i>	11. BIRTH PLACE (City and state or country) <i>Prairie Grove Ark.</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>John Wedges</i>	
13b. MOTHER'S MAIDEN NAME <i>Rhodina Murphy</i>		14. NAME OF HUSBAND OR WIFE <i>Daniel O. Doughty</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>486-36-4326</i>	17. INFORMANT <i>Daniel O. Doughty - 5521 Chestnut</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial INFARCTION</i>		INTERVAL BETWEEN ONSET AND DEATH <i>12 HOURS</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arterio-sclerotic HEART Disease</i>		<i>5 years.</i>	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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 <i>APRIL 1st-59</i> , to <i>APRIL 18th</i> and last saw her alive on <i>APRIL 18th 59</i> Death occurred at <i>4:30 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>D.O.</i>		22b. ADDRESS <i>104 1/2 W. MAPLE INDEPENDENCE - MISSOURI</i>	22c. DATE SIGNED <i>4-18-59</i>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <i>April 20, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Buckner Cemetery</i>	23d. LOCATION (City, town or county) (State) <i>Buckner Missouri</i>
24. FUNERAL DIRECTOR <i>Hills Funeral Home</i>	ADDRESS <i>2315 Linwood</i>	25. DATE RECD. BY LOCAL REG. <i>4-20-59</i>	26. REGISTRAR'S SIGNATURE <i>Neer Minshall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

W. T. Hubbard

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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 *Chas. E. Weeks*

Licensed Embalmer No. *2644*

P. O. Address *19 E. 3rd*

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.