

**U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS JAN 19 1960**

6192 - 59-046739  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1602 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City Mo</i>		c. CITY OR TOWN <i>Mission Kansas</i>	
Length of stay in 1b <i>1 year</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Research Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>6133 Howe Dr</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Mrs Minnie McCormick Doty</i>			4. DATE OF DEATH Month Day Year <i>12-24-1959</i>		
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5. SEX <i>female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6-28-1873</i>	9. AGE (last birthday) <i>86</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY <i>U. S. A</i>
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13a. FATHER'S NAME <i>unknown</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>William M Doty</i>
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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>none</i>	17. INFORMANT Address <i>James M. Doty 6133 Howe Drive</i>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Myocardial failure</i>		<i>10 da</i>
DUE TO (b) <i>arteriosclerotic dis.</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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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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
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21. I attended the deceased from <i>Dec 15-59</i> to <i>Dec 24-59</i> and last saw her alive on <i>12/24/59</i> Death occurred at <i>10:30</i> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>J. C. Tripp</i>	22b. ADDRESS <i>62457 Brookside Blvd</i>	22c. DATE SIGNED <i>12/25/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>12-26-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>West Lawn Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Omaha Nebraska</i>
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24. FUNERAL DIRECTOR ADDRESS <i>France-Wornall Funeral Home Kc Mo</i>	25. DATE RECD. BY LOCAL REG. <i>12-25-59</i>	26. REGISTRAR'S SIGNATURE <i>Neal Marshall</i>
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BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION J. C. Tripp

**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 James C. Anderson, Student Embalmer No. 595  
working under my personal supervision.

Student James C. Anderson  
Signature of Student Embalmer

Signed Russell N. Fran

Licensed Embalmer No. 425

P. O. Address K.C., 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.