

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026818

FILED VS JUL 26 1960

Registration District No. 141 Primary Registration District No. 1002 Registrar's No. 3412 STATE FILE NUMBER

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>Kansas City</u>	Length of stay in 1b <u>40 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>		d. STREET ADDRESS (If outside, give location) <u>5331 Highland</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>MR. CHARLES J. DORAN, SR.</u>	4. DATE OF DEATH Month <u>June</u> Day <u>29</u> Year <u>1960</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>3-15-1877</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
--------------------	-------------------------------	---	-----------------------------------	----------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel manager-ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Stevens Hotel</u>	11. BIRTHPLACE (City and state or country) <u>Danbury, Connecticut</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>James P. Doran</u>	13b. MOTHER'S MAIDEN NAME <u>Kathleen Welden</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Doran</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>Chas. J. Doran, Jr. 5811 Walrond</u>
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerosis</u>	
	DUE TO (c) <u> </u>	

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 type="checkbox"/> NO <input checked="" 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.)
---	---	--

20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u>3/19/58</u>
---	------------------------------------

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.) <u> </u>	20f. CITY, TOWN, OR LOCATION <u> </u>	COUNTY <u> </u>	STATE <u> </u>
--	---	---	---------------------	--------------------

21. I attended the deceased from 3/19/58 to 6/29/60 and last saw him alive on 6/28/60
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Joseph A. Fogarty</u> (Degree or title)	22b. ADDRESS <u>402 Northman Rd. #610 Mo</u>	22c. DATE SIGNED <u>6/29/60</u>
--	---	------------------------------------

22d. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-1-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>	23d. LOCATION (City, town, or county) <u>Kansas City, Kansas</u>
---	----------------------------	---	---

24. FUNERAL DIRECTOR <u>Melodye McGilley-Eylar Funeral Home</u> 1800 E. Linwood Blvd.	25. DATE RECD. BY LOCAL REG. <u>6-29-60</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Joseph A. Fogarty MEDICAL CERTIFICATION

Dr. Joseph W. Wirthman B.L.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John L. Martin

Licensed Embalmer No. 5106
P. O. Address Shawnee

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.