

# MOURNERS DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE OF MISSOURI DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-037063  
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5124

**FILED OCT 27 1961**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS <b>3020 Forest</b>	
Length of stay in 1b <b>49 yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>John J McDougall</b>			4. DATE OF DEATH Month Day Year <b>October 12, 1961</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar 2, 1886</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gatesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>KC Terminal RR</b>		11. BIRTHPLACE (City and state or country) <b>Southwest Margaree, Nova Scotia Canada</b>		
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Joseph Bernard McDougall</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Kennedy</b>		
14. NAME OF HUSBAND OR WIFE <b>Louella McDougall</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		
17. INFORMANT <b>John P. Ryan, Riss Bldg., K.C., Mo.</b>		17. ADDRESS				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ruptured aneurism of thoracic aorta 1 day</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>arteriosclerosis</b>		
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.)	
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

21. I attended the deceased from 1 to 10-12-61 and last saw <sup>her</sup>him alive on 10-12-61  
Death occurred at 3:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>James H. O'Neil MD</b> (Degree or title)		22b. ADDRESS <b>425 E 63rd</b>		22c. DATE SIGNED <b>10-13-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>10-16-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar Woodland</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>10-14-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth H. Long</b>	

(Licensed Embelmer's Statement on Reverse Side)

DATE AWEMENDED  
INSTEAD OF  
BY AFFIDAVIT OF  
JAMES H. O'NEIL  
MEDICAL CERTIFICATION

DOCUMENT

**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 Hal Thombey

Licensed Embalmer No. 3408

P. O. Address Indep, N

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.