

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 10870

2687

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY OR TOWN KANSAS CITY
 c. LENGTH OF STAY (in this place) 4 Weeks
 d. FULL NAME OF HOSPITAL OR INSTITUTION HAZELWOOD NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MISSOURI
 b. COUNTY JACKSON
 c. CITY OR TOWN KANSAS CITY
 d. Is residence within limits of city or incorporated town? No
 e. STREET ADDRESS (If rural, give location) 5704 JAMES REED ROAD

3. NAME OF DECEASED
 a. (First) BERTHA
 b. (Middle) ELIZABETH
 c. (Last) DAYISON

4. DATE OF DEATH JUNE 13, 1954
 (Month) (Day) (Year)

5. SEX FEMALE
 6. COLOR OR RACE WHITE
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED

8. DATE OF BIRTH JUNE 28, 1901
 9. AGE (In years last birthday) 52
 10. UNDER 1 YEAR Months Days
 11. UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE - AT HOME
 10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC

11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN F. RITSCHEL

13b. MOTHER'S MAIDEN NAME MARY ELIZABETH SWANTZ

14. NAME OF HUSBAND OR WIFE DECEASED ROBERT J. DAYISON 1952

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY 496-24-0249

17. INFORMANT'S SIGNATURE OR NAME JOHN C. DAYISON
 ADDRESS 5704 James Reed Road KANSAS CITY, MISSOURI

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach
 ANTECEDENT CAUSES (b) Gastric Ulcer?
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Bleeding 6 MO - 18 MO.
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. 151X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942 to 6-13-54, that I last saw the deceased alive on 6-13-54, and that death occurred at 9:03 P.M., from the causes and on the date stated above.

23a. SIGNATURE F.I. Laffoon

23b. ADDRESS 4010 Bay View Rd MD

23c. DATE SIGNED 6-14-54

24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL

24b. DATE JUNE 16, 1954

24c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY

24d. LOCATION (City, town, or county) (State) INDEPENDENCE MISSOURI

DATE REC'D BY LOCAL REG. 6-15-54

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS N.P. NEUMANCO INC - KANSAS CITY, MISSOURI

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

02/22-2

STATEMENT BY LICENSED EMBALMER

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

Student Signature of Student Embalmer

Signed *Rosalie A. Boyce*

Licensed Embalmer No. *4*
P. O. Address *St. 10*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.