

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4730

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 541

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY
c. LENGTH OF STAY (in this place) 5 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL

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 a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) 9204 EAST 68th TERRACE

3. NAME OF DECEASED
a. (First) Noble b. (Middle) HARRISON c. (Last) DANIELSON
4. DATE OF DEATH (Month) (Day) (Year) FEB 4, 1955

5. SEX MALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED 8. DATE OF BIRTH JUNE 24, 1894 9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT 11. BIRTHPLACE (City and State or Foreign Country) SALLISAW OKLAHOMA 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Danielson 13b. MOTHER'S MAIDEN NAME Eva Mae Harbison 14. NAME OF HUSBAND OR WIFE MATTIE LEE DANIELSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. 496-05-1242 17. INFORMANT'S SIGNATURE OR NAME MRS. MATTIE LEE DANIELSON ADDRESS 9204 E. 68th Terr Kansas City Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno carcinoma recto sigmoid with metastasis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 154

19a. DATE OF OPERATION 10/27/53 19b. MAJOR FINDINGS OF OPERATION Carcinoma recto sigmoid 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 10/21, 1953, to 2/4, 1955, that I last saw the deceased alive on 2/4, 1955, and that death occurred at 9:40 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. G. Montgomery M.D. 23b. ADDRESS Professor Bldg K.C. Mo 23c. DATE SIGNED 2/5/55

24a. DATE OF CREMATION REMOVAL (Specify) CREMATION FEB 7, 1955 24b. DATE _____ 24c. NAME OF GEMETERY OR CREMATORY D.W. NEWCOMER & SONS 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI

DATE REC'D BY LOCAL REG. 2-7-55 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER & SONS ADDRESS 1339 BRUSH CREEK Blvd K. C. Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
J. G. Montgomery

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 Adrian Jay Stitt....., Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Adrian Jay Stitt

Licensed Embalmer No. 488

P. O. Address Kansas City, 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.