URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040006

STATE FILE NUMBER

FILED VS DEC 7 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5595

AMENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Mary's Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4435 E 10th St
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JAMES Middle PERRY Last DAVIDSON

4. DATE OF DEATH: Month November Day 19 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: Nov 14 1899

9. AGE (last birthday): 60

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman

10b. KIND OF BUSINESS OR INDUSTRY: Missouri Pacific RR

11. BIRTHPLACE (City and state or country): Kansas City Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William E Davidson

13b. MOTHER'S MAIDEN NAME: Mary Annie Cuzick

14. NAME OF HUSBAND OR WIFE: Eunice Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. [redacted] 1.

16. SOCIAL SECURITY NO.: 487 — 05-3559

17. INFORMANT: Mrs Eunice Davidson Address: 4435 E 10th St KC Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of nose. — INTERVAL BETWEEN ONSET AND DEATH: April, 1959-11-19-59

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized metastasis.
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 October 31, 1959 to Nov. 19-59 and last saw ~~him~~ her alive on 11-19-59
Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J E Castles M.D.

22b. ADDRESS: 1002 Argyle Bldg. 306 E. 12th, K.C. 6, Mo.

22c. DATE SIGNED: 11-20-59

BY AFFIDAVIT OF J. E. Castles

23a. ~~BURIAL, CREMATION,~~ REMOVAL (Specify): Burial

23b. DATE: Nov 21 1959

23c. NAME OF CEMETERY OR CREMATORY: Mt Washington Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR ADDRESS: Sheil Funeral Home Kansas City Mo

25. DATE RECD. BY LOCAL REG.: 11-20-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard E. Carroll.
Signature of Student Embalmer

Licensed Embalmer No. 48 x 7

P. O. Address K.C. Mo.

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