

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS MAY 24 1960**

**-60-019352**

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2527

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>				<b>2. USUAL RESIDENCE</b> (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>Life</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>2904 E. 52nd. St.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2904 E. 52nd. St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>MR. WILLIAM JOSEPH DANAHER</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>May 6, 1960</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>4-21-10-</u>	<b>9. AGE</b> (last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Russell Brokerage Co.</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Kansas City, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>William J. Danaher</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary J. Walsh</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Dorothea A. Danaher</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>487-01-2165</u>		<b>17. INFORMANT</b> Address <u>Dorothea A. Danaher--2904 E 52nd.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of liver</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							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
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.
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour Month, Day, Year a.m. p.m.	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE		
<b>21. I attended the deceased from</b> <u>Jan. 1959</u> to <u>May 6, 1960</u> and last saw <sup>her</sup> him alive on <u>May 4, 1960</u> Death occurred at <u>495 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Kenneth A. Davis, M.D.</u>				<b>22b. ADDRESS</b> <u>209 Plaza Theater Bldg</u> <u>Kansas City, Mo</u>		<b>22c. DATE SIGNED</b> <u>5.6.60</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>5-9-60</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Kansas City Missouri</u>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Melody-McGilley-Eylar Funeral Home</u> <u>1800 E. Linwood Blvd.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>5-7-60</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Neva Minshall</u>			

DOCUMENT

Kenneth A. Davis MEDICAL CERTIFICATION

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**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 Jack L. Martin, Student Embalmer No. 585

working under my personal supervision.

Student Jack L. Martin  
Signature of Student Embalmer

Signed Arthur Eugene Sh

Licensed Embalmer No. 4912

P. O. Address K.C. 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.