

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41064

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5193

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>47 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>4238 CHESTNUT STREET</u>	
3. NAME OF DECEASED a. (First) <u>FRANKIE DAVIDSON</u> b. (Middle) <u>DIKE</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-5-1949</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT-2-1868</u>
9. AGE (In years last birthday) <u>81 YRS.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>
11. BIRTHPLACE (State or foreign country) <u>HIGHLAND, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MORRISON DAVIDSON</u>		13b. MOTHER'S MAIDEN NAME <u>HANNAH SCRAFFORD</u>	
13c. NAME OF HUSBAND OR WIFE <u>FREDERICK V. DIKE</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>ALVARETTA AWBEN</u>		ADDRESS <u>4238 CHESTNUT ST. KANSAS CITY, MO.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		ANTECEDENT CAUSES		3 days
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332A</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 30, 1949 to Dec 5, 1949, that I last saw the deceased alive on Nov 3, 1949, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J.G. Sheldon</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>922 Walnut</u>	23c. DATE SIGNED <u>12-6-49</u>
24a. BURIAL CREMATION (Specify) <u>BURIAL</u>	24b. DATE <u>DEC-8-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND, KANSAS</u>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. <u>12-8-49</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcome's Sons</u> ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

**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.....  
Student Embalmer

Signed

*Jess T. Deuss*

Licensed Embalmer No. *4453*

P. O. Address *Kansas City*

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 this body is not embalmed, fact should be so stated above.