

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31976**

DECEASED OCT 3 1952

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 159

480

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prarie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) 15 East 6th. St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Porter c. (Last) Davidson			4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1952		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH 11-5-1886		9. AGE (In years last birthday) 65		10. 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) Dish Washer		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) Guthrie County, Iowa	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE —	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 480-20-0355		17. INFORMANT'S SIGNATURE OR NAME Records Jackson Co. Hosp, Indep Ord	
				ADDRESS	

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) Intestinal obstruction		INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of sigmoid colon			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 15 Sept 52		19b. MAJOR FINDINGS OF OPERATION carcinoma of sigmoid colon 153X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 4-1-52, 19 , to 9-16-52, 19 , that I last saw the deceased alive on 9-15-52, 19 , and that death occurred at 11:25 Am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John C. Blumenschein, M.D.		23b. ADDRESS Independence, Mo		23c. DATE SIGNED 16 Sept 52	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9-16-52		24c. NAME OF CEMETERY OR CREMATORY Int Calvary	
				24d. LOCATION (City, town, or county) (State) Kansas City Kan	

DATE REC'D BY LOCAL REG. 9-16-52		REGISTRAR'S SIGNATURE Donald C. Garrowshaw		25. FUNERAL DIRECTOR'S SIGNATURE N. B. Langford	
				ADDRESS Deis Summit Mo	

RC

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 *H. Blaney Ford*

Licensed Embalmer No. *3833*

P. O. Address *Leis Summit*

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.