

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **1374**
428

No. 300
10-48

FILED FEB 14 1953

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

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>36 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>3835 Wabash</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorah Medical Center</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Davison</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 21 53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC-6-1872</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TYPESETTING DEPARTMENT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SMITH-CREVELL PRINTING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ATCHISON COUNTY KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>CLARA DURANT</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGIA DAVISON</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>486-03-5112</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GEORGIA DAVISON</u>	ADDRESS <u>3835 WABASH KANSAS CITY, MO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Cerebral vascular accident (stroke)</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sen. vascular arteriosclerosis</u>		
	DUE TO (c) <u>Myocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4281</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from Jan 17, 1953, to Jan 21, 1953, that I last saw the deceased alive on Jan 21, 1953, and that death occurred at 1:29 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. C. Clasen</u> (Degree or title) <u>M.D., M.D.O.</u>	23b. ADDRESS <u>1490 B. Mass Bldg</u>	23. DATE SIGNED <u>1/23/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 23 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>1-23-53</u>	REGISTRAR'S SIGNATURE <u>Deraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer Sons</u>	ADDRESS <u>1331 Brown Creek KANSAS CITY, MO</u>
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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 *Robert E. Kesson*

Licensed Embalmer No. *4849*

P. O. Address *K. E. 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 this body is not embalmed, fact should be so stated above.