THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21528

FILED JUL 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3037

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3835 Wabash Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 35, 8, 0
d. STREET ADDRESS (If rural, give location): 3835 Wabash

3. NAME OF DECEASED (Type or Print): a. (First) Georgia b. (Middle) Sperling c. (Last) Davison

4. DATE OF DEATH (Month) June (Day) 13, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH: April 3, 1874

9. AGE (In years last birthday): 79 — 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): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (City and State or Foreign Country): Illinois

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: James E. Sperling

13b. MOTHER'S MAIDEN NAME: Mary A. Wells

14. NAME OF HUSBAND OR WIFE: George E. Davison

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

16. SOCIAL SECURITY NO.: 486-03-5112

17. INFORMANT'S SIGNATURE OR NAME: Miss Marjorie Davison — ADDRESS: 3835 Wabash

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Diabetic Coma — Interval between onset and death: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebrovascular Disease — 10 yrs.
DUE TO (c) Diabetes Mellitus — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 260X

19a. DATE OF OPERATION: _____ **19b. MAJOR FINDINGS OF OPERATION:** _____

20. AUTOPSY? YES ☐ NO ☑

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) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?** _____

22. *I hereby certify that I attended the deceased from* Sept. *19* 49, *to* June 13, *19* 53, *that I last saw the deceased alive on* June 8, *19* 53 *and that death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE Arthur C. Clasen MD (Degree or title) — **23b. ADDRESS:** 1430 Prof. Bldg. — **23c. DATE SIGNED:** 6-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial **24b. DATE:** 6-16-53 **24c. NAME OF CEMETERY OR CREMATORY:** Memorial Park **24d. LOCATION** (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 6-16-53 **REGISTRAR'S SIGNATURE:** Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons **ADDRESS:** 1331 Brush Creek

(Licensed Embalmer's Statement on Reverse Side)

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) Parkinson's Disease — ONSET AND

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* General Debility

19a. DATE OF OPERATION: None **19b. MAJOR FINDINGS OF OPERATION:** Autopsy 23.

20. AUTOPSY? YES ☐

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) _____ (STAT

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?** _____

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23a. SIGNATURE Arthur C. Clasen, M.D. (Degree or title) — **23b. ADDRESS:** 1430 Prof Bldg — **23c. DATE S** 6/14

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL **24b. DATE:** JUNE-16-1953 **24c. NAME OF CEMETERY OR ~~CREMATORY~~:** MEMORIAL PARK CEMETERY **24d. LOCATION** (City, town, or county): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 6-16-53 **REGISTRAR'S SIGNATURE:** Geraldine Smith **25. FUNERAL DIRECTOR'S SIGNATURE** D W Newcomers Sons **ADDRESS:** 1331 Brush Creek Kansas City

(Licensed Embalmer's Statement on Reverse Side)

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

WRITE PLAINLY—USING UNFADING BLACK INK

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 ..... Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalr

ne, or by ..... Chester K Brown ....., Student Embalmer No. 476

king under my personal supervision.

ent..... Chester K Brown ..... Signed Edward M. Storey
Signature of Student Embalmer

Licensed Embalmer No. 445

P. O. Address K.C. 10

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail omply 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.