

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40844

State File No.

5714

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE CALIFORNIA		b. COUNTY SAN DIEGO	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. CITY OR TOWN SAN DIEGO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) CONVICT		STREET ADDRESS (If rural, give location) 4440 MAHARDES AVENUE			
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital, Kansas City, Mo.					

3. NAME OF DECEASED (Type or Print) a. (First) Orval			b. (Middle) Lee		c. (Last) Cason		4. DATE OF DEATH (Month) (Day) (Year) December 13, 1954		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 27, 1899		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HR. Hours		IF UNDER 15 MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work and full name of working establishment if worked) Nurseryman			10b. KIND OF BUSINESS OR INDUSTRY PLANT Nursery			11. BIRTHPLACE (City and State or Foreign Country) Mercer, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME James E. Cason			13b. MOTHER'S MAIDEN NAME ANN Mae Haggard			14. NAME OF HUSBAND OR WIFE Mary Cason		
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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) Yes World War I		16. SOCIAL SECURITY NO. 491-09-8172		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records, Kansas City, Mo.				ADDRESS	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma metastatic lungs						INTERVAL BETWEEN ONSET AND DEATH 1 year	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma right kidney						5 years	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						180*	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 VA **October 30, 1954**, to **December 13, 1954**, and that death occurred at **8:25 Am.**, from the causes and on the date stated above.

23a. SIGNATURE C.C. Young		(Degree or title) D		23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 12-13-54	
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24a. BURIAL CREMATION (Specify) BURIAL		24b. DATE DEC-16, 1954		24c. NAME OF CEMETERY OR CREMATORIA MT. CALVARY CEMETERY KANSAS CITY, KANSAS		24d. LOCATION (City, town, or county) (State) KANSAS	
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DATE REC'D BY LOCAL REG. 12-14-54 neva minshall		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS H. J. Newland's SMO-KANSAS CITY, MISSOURI			
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WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed.....
Basil V. Honey

Licensed Embalmer No. *472*

P. O. Address *R.C., ?*

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.