

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032621

STATE FILE NUMBER

4176

FILED SEP 24 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

S. 300
1-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.		Length of stay in lb 65 Yrs	d. STREET ADDRESS (If outside, give location) 3719 Montgall
3. NAME OF DECEASED (Type or print) First FLORA Middle DAVIDSON Last DAVIDSON		4. DATE OF DEATH Month Sept. Day 1 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 23, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) Little Rock, Arkansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John McFarlane	
13b. MOTHER'S MAIDEN NAME Sarah McDonald		14. NAME OF HUSBAND OR WIFE Richard Davidson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-26-7728	17. INFORMANT Address Miss Jessie McFarlane, 3719 Montgall
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH One day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractured Hip		Ten days	
DUE TO (c) Parkinson(s) Disease and Arteriosclerosis - Years		89030	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) fell on floor	
20c. TIME OF INJURY Hour 8 Month 23 Day 58 Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. CITY, TOWN, OR LOCATION Kansas City		20f. COUNTY STATE Jackson, Mo.	
21. I attended the deceased from 8-23-58 to 9-1-58 and last saw her/him alive on 9-1-58 Death occurred at 11:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature]	
22b. ADDRESS 4800 E. 24th, Kansas City, Mo.		22c. DATE SIGNED Sept. 2, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-4-58	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Mellody-mcGilley-Eylar F. H. Woodland-Linwood		25. DATE RECD. BY LOCAL REG. 9-2-58	26. REGISTRAR'S SIGNATURE [Signature]

All diseases in Part I must be causally related. In Part II, use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

R. S. LONG



Dr. R. S. Long
4800 E 24th

Be 1-5949

1:30 PM - 5 P

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 *Melvin Bartson*

Licensed Embalmer No. *4903*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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