

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959

59-040009

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5420

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Miami							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 9 days		c. CITY OR TOWN Paola		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K. C. Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 307 E. Wea		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last RAYMON JOHN DAVISON				4. DATE OF DEATH Month Day Year 11th 7th 1959							
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/26/93	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bridge/Builder Mechanic			10b. KIND OF BUSINESS OR INDUSTRY Bridge Building	11. BIRTHPLACE (City and state or country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME James Davison			13b. MOTHER'S MAIDEN NAME Eva Jackson			14. NAME OF HUSBAND OR WIFE none					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI			16. SOCIAL SECURITY NO. unknown		17. INFORMANT VA HOSPITAL OFFICIAL RECORDS, K. C. MO.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary abscess and bronchopneumonia R.M.L. DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (c) Bronchial carcinoma R.M.L.							INTERVAL BETWEEN ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)							
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. Attended the deceased from 10-29-59 to 11-7-59 Death occurred at 8:45 a. m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Jd Turner				(Degree or title) M.D.		22b. ADDRESS VA Hospital, K. C. Mo.			22c. DATE SIGNED 11/7/59		
23a. BURIAL CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 7, 1959	23c. NAME OF CEMETERY OR CREMATORY Paola Cemetery			23d. LOCATION (City, town, or county) Paola, Kansas		(State)			
24. FUNERAL DIRECTOR Gates Funeral Home K.C., Kans.				ADDRESS		25. DATE RECD. BY LOCAL REG. 11-11-59		26. REGISTRAR'S SIGNATURE Neva Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Turner

DEC 8 1959

34071

STATEMENT BY LICENSED EMBALMER

DEC 8 1959

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 Murray Wilson

Licensed Embalmer No. 4989

P. O. Address Richville

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.