

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040782

FILED VS NOV 19 1959 172

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3024 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HIGGINSVILLE</u>		Length of stay in 1b		c. CITY OR TOWN <u>HIGGINSVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>609 W. 29TH ST.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>609 W. 29TH ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LEONE</u> Middle <u>RICHIE</u> Last <u>MILES</u>				4. DATE OF DEATH Month <u>NOV.</u> Day <u>6</u> Year <u>1959</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>JULY 27 1905</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>11</u> Hours <u>5</u> Min.	IF UNDER 24 HR Hours <u>5</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and state or country) <u>JOHNSON CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>ARTHUR DAWSON</u>			13b. MOTHER'S MAIDEN NAME <u>LULA CONNER</u>			14. NAME OF HUSBAND OR WIFE <u>BLAIR MILES</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <u>BLAIR MILES</u> Address <u>HIGGINSVILLE MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Ca of Colon</u>							INTERVAL BETWEEN ONSET AND DEATH <u>13mo</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) _____								
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 type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m.		Month, Day, Year _____						
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. I attended the deceased from <u>May 1957</u> to <u>Nov 6, 1959</u> and last saw her <u>Nov 5, 1959</u> alive on <u>Nov 5, 1959</u> . Death occurred at <u>5:20 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Wilbur E. Fulcheron M.D.</u>				22b. ADDRESS <u>Higginsville Mo.</u>			22c. DATE SIGNED <u>11-7-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>NOV. 8 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>WARRENSBURG MISSOURI</u>			
24. FUNERAL DIRECTOR <u>H. H. Jordan</u> ADDRESS <u>HIGGINSVILLE MO.</u>			25. DATE RECD. BY LOCAL REG. <u>NOV. 9, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 10 1954
 DEPARTMENT OF HEALTH
 DIVISION OF VITAL RECORDS
 STATE OF MISSISSIPPI
 DEATH CERTIFICATE
 NO. 118
 DECEASED
 DAVID DANSON
 BORN 1904
 DECEASED
 APR 10 1954
 BURIED
 APR 10 1954
 BURIED
 APR 10 1954
 BURIED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 458
 P. O. Address Lexington

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.