

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001488

FILED VS FEB 1 1960 149

329

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Missouri-Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in 1b 3 mos.	c. CITY OR TOWN Overland Park	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7401 Hardy
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First MABEL Middle ADELAIDE Last DAVIDSON			4. DATE OF DEATH Month Jan. Day 19 Year 1960			
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 3/21/07	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Dance Studio		11. BIRTHPLACE (City and state or country) Higginsville, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Louis T. Brackmann		13b. MOTHER'S MAIDEN NAME Adela M. Fiene		14. NAME OF HUSBAND OR WIFE John A. Davidson, Sr.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 495-20-5729		17. INFORMANT Address Mrs. Medora Lydick- Overland Park		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 2 mo.
IMMEDIATE CAUSE (a)	Empyema + pneumonia	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	Subphrenic abscess + fistula	
DUE TO (b)	Cancer of common bile duct	2-4 mo.
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 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 _____ 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 **Nov. 3, 1959** to **Jan 19, 1960** and last saw her alive on **Jan. 18-60**
Death occurred at **5 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James J. Lally M.D.		22b. ADDRESS 4620 Wichita Parkway		22c. DATE SIGNED 1-20-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 21, 1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR ADDRESS E. Paul Amos Shawnee, Kansas		25. DATE RECD. BY LOCAL REG. 1-20-60	26. REGISTRAR'S SIGNATURE Neve Marshall	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF James J. Lally

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 Dale L. Martin. Student Embalmer No. 585

working under my personal supervision.

Student

Dale L. Martin

Signature of Student Embalmer

Signed

Ernest P. Plemos

Licensed Embalmer No. 5023

P. O. Address Shawnee, Kansas

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.