

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025125

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Filed for Registration District No. 1-7-1961 Primary Registration District No. 1002 Registrar's No. 3166 STATE FILE NUMBER

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		Length of stay in 1b 12 YEARS	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 504 BENTON BLVD. BENTON PRACTICAL N.H.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4328 HARRISON STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EVA Middle E. Last DAVIDSON	4. DATE OF DEATH Month JUNE Day 23 Year 1961
---	--

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 8/22/02	9. AGE (last birthday) '58	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) SALES LADY	10b. KIND OF BUSINESS OR INDUSTRY BONNIE BEE DRESS SHOP	11. BIRTHPLACE (City and state or country) ARROWROCK, MO.	12. CITIZEN OF WHAT COUNTRY U. S. A.
--	---	---	--

13a. FATHER'S NAME ROBERT FLEMING	13b. MOTHER'S MAIDEN NAME MARY WILKINSON	14. NAME OF HUSBAND OR WIFE JESS DAVIDSON
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	17. INFORMANT ROBERT DAVIDSON Address 405 EAST 45TH ST. KANSAS CITY, 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) Hypostatic Pneumonia DUE TO (b) Cerebral Vascular Hemorrhage - Coma DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 67 days
--	--	--

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 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 2-25-59 to 6-23-61 and last saw her alive on 5-18-61 Death occurred at 2:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE James D. Dunleavy M.D. (Degree or title)	22b. ADDRESS 1127 1/2 Wirthman Bldg KC 9 Mo	22c. DATE SIGNED 6-23-61
--	---	------------------------------------

23a. BURIAL, CREMATION, REBURNAL (Specify) BURIAL	23b. DATE JUNE 26, '61	23c. NAME OF CEMETERY OR CREMATOR MT. MORIAH CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI
---	----------------------------------	---	--

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK	25. DATE RECD. BY LOCAL REG. 6-26-61	26. REGISTRAR'S SIGNATURE Ruth Long
---	--	---

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

James D. Dunleavy

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

Vern Lawler

Licensed Embalmer No.

4915

P. O. Address

KG 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.