

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1371

State File No. 51

FILED FEB 9 1953

BIRTH NO. 77454 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri.		b. COUNTY Johnson.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City.		c. LENGTH OF STAY (in this place) 4da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg. 051K1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke Hospital.			d. STREET ADDRESS (If rural, give location) 212, West Gay St. / N		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Michal	b. (Middle) Thomas	c. (Last) Davies.	(Month) Jan.	(Day) 2,	(Year) 1953.

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Nov. 29, 1953.	9. AGE (In years last birthday)	IF UNDER 1 YEAR Days 4	IF UNDER 18 HRS. Hours 4	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Warrensburg. Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME James A. Davies.	13b. MOTHER'S MAIDEN NAME Betty Jean Spellman.	14. NAME OF HUSBAND OR WIFE none
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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. no	17. INFORMANT'S SIGNATURE OR NAME James A. Davies.	ADDRESS Warrensburg. MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Congenital Hypertrophic Pyloric Stenosis		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Atelactasis, Postoperative		
	DUE TO (c) Malnutrition		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1562			

19a. DATE OF OPERATION 1/2/53	19b. MAJOR FINDINGS OF OPERATION Congenital Hypertrophic Pyloric Stenosis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **12/31, 1952** to **1/2, 1953**, that I last saw the deceased alive on **1/20, 1953**, and that death occurred at **11:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE John A. Griffith, Jr. M.D.	23b. ADDRESS 305 Welch Rd. K.C. Mo.	23c. DATE SIGNED 1/6/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6, Jan. 1953	24c. NAME OF CEMETERY OR CREMATORY SUNSET CEMETERY	24d. LOCATION (City, town, or county) (State) MANHATTAN, KAN.
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DATE REC'D BY LOCAL REG 1-6-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE SWEENEY PHILLIPS.	ADDRESS WARRENSBURG, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Remove at St. Luke's Hosp.
for Dr. Griffith, Park.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed A. A. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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 this body is not embalmed, fact should be so stated above.