

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14126**
2164

FILED MAY 13 1953
BIRTH NO. **21672**

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson County, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, 3068	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 6119 Gladstone	
d. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Osteopathic Hospital		10. DATE OF DEATH (Month) (Day) (Year) April 22 1953	
3. NAME OF DECEASED (Type or Print) a. (First) Baby GIRL b. (Middle) UNNAMED c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) April 22 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH Apr. 22, 1953
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min. 1 20
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) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Sylvester Davis	13b. MOTHER'S MAIDEN NAME Florence Mae Bradshaw	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) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS Sylvester Davis 6119 Gladstone	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Salpingitis (in mother)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 22, 1953 , to 4-22, 1953 , that I last saw the deceased alive on Apr. 22, 1953 , and that death occurred at 7:15 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Glenn W. Springer (Degree or title) Glenn W. Springer, D.O.		23b. ADDRESS 5902 St. John ave. Kansas City, Mo.	23c. DATE SIGNED 4-22-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-25-53	24c. NAME OF CEMETERY OR CREMATORY MOUND GROVE	24d. LOCATION (City, town, or county) (State) INDEP., MO
DATE REC'D BY LOCAL REG. 4-24-53	REGISTRAR'S SIGNATURE Jeraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Conner Indep., Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Richard R. Francis

Signed.....
Student Embalmer

Licensed Embalmer No. *4863*

P. O. Address *Indy, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.