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FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14127

BIRTH NO. 160305 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2007

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Menorah Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 4009 Woodland

3628

3. NAME OF DECEASED (Type or Print)
a. (First): Anthony
b. (Middle): W.
c. (Last): Davis

4. DATE OF DEATH (Month): 4 (Day): 13 (Year): 53

5. SEX: M
6. COLOR OR RACE: W
7. ~~MARRIED, NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): Never Married
8. DATE OF BIRTH: Aug. 18, 1952
9. AGE (In years last birthday): If under 1 year: Months 7, Days 25; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James C. Davis
13b. MOTHER'S MAIDEN NAME: Reba L. Mason
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: J.C. Davis
ADDRESS: 4009 Woodland KCMO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchiolitis. — INTERVAL BETWEEN ONSET AND DEATH: 48 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis, Rt. Upper Lobe — 48 Hrs.

19a. DATE OF OPERATION: 4/12/53
19b. MAJOR FINDINGS OF OPERATION: Bronchoscopy — Plug of Mucus - Rt. Upper Bronchus
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/11, 1953 *to* 4/13, 1953, *that I last saw the deceased alive on* 4/13, 1953, *and that death occurred at* 10:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph Borenstein (Degree or title): Joseph Borenstein M.D.
23b. ADDRESS: 121 W 63RD ST K.C., Mo
23c. DATE SIGNED: 4/15/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-16-53
24c. NAME OF CEMETERY OR CREMATORY: Violet Hill
24d. LOCATION (City, town, or county): Violet Hill (State): Arkansas

DATE REC'D BY LOCAL REG.: 4-15-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Mellody-McGilley-Eylar
ADDRESS: KCMO.

(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 ..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Melvin Barteau

Licensed Embalmer No. 4903

P. O. Address K C 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.