

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14128

State File No.

APR 25 1953
BIRTH NO. 14957 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1862

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, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 23 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital		e. STREET ADDRESS (If rural, give location) 2643 E. 7th St. 31880	
3. NAME OF DECEASED (Type or Print) a. (First) Michael		b. (Middle) Dean	
c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) Apr. 7, 1953	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant 0	8. DATE OF BIRTH Mar. 14, 1953
9. AGE (In years last birthday) 0		10. MONTHS 0	11. DAYS 23
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 (City and State or Foreign Country) Kansas City, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Albert Davis		13b. MOTHER'S MAIDEN NAME Thelma Geromini	
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) none	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Davis Kansas City, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis ANTECEDENT CAUSES DUE TO (b) Septicemia, 12 hrs DUE TO (c) transfusion reaction 3 wks II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Erythroblastosis fetalis 3 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1700	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Mar 14, 1953, to April 6, 1953, that I last saw the deceased alive on April 6, 1953, and that death occurred at 11:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE J.A. Tabris (Degree or title) M.D. 0		23b. ADDRESS Annapolis Bldg. Kansas City, Mo	
23c. DATE SIGNED April 10, 53		24a. BURIAL CREMATION (Specify) Burial	
24b. DATE 4/8/53		24c. NAME OF CEMETERY OR CREMATORY Md. Grove Cem.	
24d. LOCATION (City, town, or county) (State) Independence, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Independence, Mo	
DATE REC'D BY LOCAL REG. 4-7-53		REGISTRAR'S SIGNATURE Geraldine Smith	

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.