

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43312

FILED JAN 5 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 224

LITTLE ROCK

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COUNTY HOME-COL</u>		e. STREET ADDRESS (If rural, give location) <u>1815 FOREST 2328</u>	
3. NAME OF DECEASED a. (First) <u>LOUISE</u> b. (Middle) _____ c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-5-53</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COL</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>1898</u>
9. AGE (In years last birthday) <u>55</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAID</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BOLIVER, TENN.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WILLIAM DAVIS</u>	13b. MOTHER'S MAIDEN NAME <u>SUSSIE BRADFORD</u>	14. NAME OF HUSBAND OR WIFE <u>DON'T KNOW</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>DON'T KNOW</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>IRENE JONES 1615 TRACY-16, Mo</u>	
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) <u>ASCITES AND DOTTIAT</u> ANTECEDENT CAUSES <u>NEPHRITIS</u> 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 Conditions contributing to the death but not related to the disease or condition causing death.	
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) <u>INDEPENDENCE JACKSON MO</u>	
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 <u>6-18-53</u> , to <u>12-5-53</u> , that I last saw the deceased alive on <u>12-4-53</u> , and that death occurred at <u>6-9</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>S. H. Griffin M.D.</u>		23b. ADDRESS <u>114 Independence Mo</u>	23c. DATE SIGNED <u>12-12-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BLUE RIVER LAWN</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>
DATE REC'D BY LOCAL REG. <u>12/14/53</u>	REGISTRAR'S SIGNATURE <u>M. B. Longford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BRADY-BROWN - K.C., Mo.</u>	

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 *John R. Sidmon*

Licensed Embalmer No. *4531*

P. O. Address *Kansas City*

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.