

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8587

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1174

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) SINCE <u>1907</u>		e. STREET ADDRESS (If rural, give location) <u>6578 CHARLOTTE STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		3. NAME OF DECEASED a. (First) <u>EDWARD</u> b. (Middle) <u>NONE</u> c. (Last) <u>DAVIES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 14, 1954</u>		5. SEX <u>MALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JAN-30, 1873</u>		9. AGE (In years last birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PULLMAN CONDUCTOR-RETIRED MAY 1940</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>LONDON, ENGLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WILLIAM C. DAVIES</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET CROUCH</u>	
14. NAME OF HUSBAND OR WIFE <u>BLANCHE LEE DAVIES</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>- - -</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM C. DAVIES</u> ADDRESS <u>7531 MCHENRY HOUSTON-TXAS</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>C.V.A. Probably Heart</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart</u>	
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 <input type="checkbox"/> 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>12-10</u> , 19 <u>54</u> , to <u>May 14</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>March 13</u> , 19 <u>54</u> , and that death occurred at <u>5:30 A.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Frank B. Lertz</u> (Degree or title) <u>M.A. D</u>		23b. ADDRESS <u>1530 Prof. Bldg Kansas City Mo</u>	
23c. DATE SIGNED <u>3-15-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MARCH 16-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY - MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. ...</u> ADDRESS <u>1771 ROUSH STREET S.W. D. MO</u>	
DATE REC'D BY LOCAL REG. <u>3-16-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

242-1331

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 *Basil Woney*.....

Licensed Embalmer No. *472*.....

P. O. Address *Stalland*.....

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.