

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8592

State File No. _____

FILED APR 7 1954 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1206**

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) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	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) 58 YEARS		e. STREET ADDRESS (If rural, give location) 5916 WABASH AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5916 WABASH AVENUE			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) ANDREW c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) 3 - 16 - 54		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED, MAINTENANCE CONSTRUCTION		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH DEC. 16, 1874	
11. BIRTHPLACE (City and State or Foreign Country) KIRKSVILLE, MISSOURI		9. AGE (In years last birthday) 79 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS.: Hours _____ Min. _____			
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME DRUDY DAVIS		13b. MOTHER'S MAIDEN NAME JENNIE CARSON		14. NAME OF HUSBAND OR WIFE LOVE DAVIS	
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. 486-01-7065		17. INFORMANT'S SIGNATURE OR NAME MRS. LOVE DAVIS	
ADDRESS 5916 WABASH, K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		DUE TO (b) Coronary Thrombosis					
DUE TO (c) Arteriosclerosis		DUE TO (b) Coronary Thrombosis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 October, 1953, to March 16, 1954, that I last saw the deceased alive on March 16, 1954, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. C. J. Penfold		23b. ADDRESS 2512 SWOPS PARKWAY		23c. DATE SIGNED 3-17-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 3-18-54		24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE A.H. Newcomer's Sons, Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 3-18-54		REGISTRAR'S SIGNATURE Seraldine Smith		ADDRESS	

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

No. 300
10-48

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..... *Robert C. Huron*

Licensed Embalmer No..... *48*

P. O. Address..... *R. C. M.*

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.