

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4737

State File No.

FILED MAR 15 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 824

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) <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>37 YEARS</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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>5011 CHESTNUT STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>O.</u> c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 20 1955</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>JUNE 6 1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONVEYER OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. TERMINAL Railway</u>	11. BIRTHPLACE (City and State, or Foreign Country) <u>SPRINGDALE, KENTUCKY</u>
13a. FATHER'S NAME <u>WILLIAM J. DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA J. VALENTINE</u>	14. NAME OF HUSBAND OR WIFE <u>OLENA DAVIS</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>703-03-8360</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. OLENA DAVIS</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, assthenia, etc.: It means the disease, injury, or complication which caused death.		ADDRESS <u>5011 CHESTNUT AVE. KANSAS CITY MO.</u>	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction - massive</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 hours</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chrombosis - coronary vessels</u>		<u>20 hrs</u>
DUE TO (c) <u>coronary insufficiency</u>		<u>1 yr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</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 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 Feb. 19 1955 to Feb. 20 1955, that I last saw the deceased alive on Feb. 20 1955, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Paul Wright</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1324 Prof. Bldg. Kansas City, Mo.</u>	23c. DATE SIGNED <u>Feb 21 '55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>FEB. 23-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>2-23-55</u>	REGISTRAR'S SIGNATURE <u>meva minshel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Newcomer's Sons, Kansas City, Mo.</u>	

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.. *Chester & Brown*

Licensed Embalmer No. *49*

P. O. Address *100 4*

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.