

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36804**

BIRTH MO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4992	
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. LENGTH OF STAY (in this place) 63		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"/> 28	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3009 HARRISON STREET				43. STREET ADDRESS (If rural, give location) 3009 HARRISON STREET			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) EARL c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) Nov-15-1955				
5. SEX ♂		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 28, 1886	
9. AGE (In years last birthday) 69		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY COMMERCIAL TRUST CO.		11. BIRTHPLACE (City and State or Foreign Country) ELLSWORTH, WISCONSIN	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME FREDERICK S. DAVIS		13b. MOTHER'S MAIDEN NAME ANNABELLE WALL		14. NAME OF HUSBAND OR WIFE MRS. LULU BLANCHE DAVIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 492-38-5598A		17. INFORMANT'S SIGNATURE OR NAME MRS. LULU BLANCHE DAVIS ADDRESS 3009 HARRISON ST. 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis Sudden ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis Several years DUE TO Hypertensive Cardiovascular Disease - 10 yrs. 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 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) (Min.)		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 March 10, 1959 , to Nov 15, 1955 , that I last saw the deceased live on Nov 12, 1955 , and that death occurred at 7:30 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE Carl R. Ferris (Degree or title) MD				23b. ADDRESS 535 29th St Kansas City Mo		23c. DATE SIGNED Nov 15, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 18, 1955		24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 11-18-55		REGISTRAR'S SIGNATURE Reva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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 em-
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. (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.