

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED NOV 21 1956

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 505

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Independence			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in 1b 7 1/2 yrs		d. STREET ADDRESS (If outside, give location) 100 E. Linden		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Harley Middle C. Last Davis				4. DATE OF DEATH Month Nov. Day 14 Year 1956				
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 29, 1884		9. AGE (In years last birthday) 72	10. IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sec'y & Treas.		10b. KIND OF BUSINESS OR INDUSTRY K.C. Power & Light Co		11. BIRTHPLACE (City and state or country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John W. Davis				14. MOTHER'S MAIDEN NAME Bennie Emery				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) no none		16. SOCIAL SECURITY NO. 486 10 7851		17. INFORMANT Address Mrs. Clara Davis, Independence, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Arteriosclerosis DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 1					
20c. TIME OF INJURY Hour _____ Month, Day, Year a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:30 P _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W.C. Carson, Deputy Coroner				22b. ADDRESS 6627 Park Street		22c. DATE SIGNED 11-14-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/16/56	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		23d. LOCATION (City, town, or county) (State) Independence, Mo			
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson Independence, Mo.			25. DATE RECD. BY LOCAL REG. 11-16-56		26. REGISTRAR'S SIGNATURE James Craig			

00 56 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 C. Ray Louderback, Student Embalmer No. 5
working under my personal supervision..

Student C. Ray Louderback Signed Harold E. Keedre
Signature of Student Embalmer

Licensed Embalmer No. 4

P. O. Address Indy

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.