

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8627**

FILED APR 2 - 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1252

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 town) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>33 YEARS</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. Luke's Hospital</u>		STREET ADDRESS (If rural, give location) <u>7547 Wyoming STREET</u>	
3. NAME OF DECEASED a. (First) <u>Thos H Kee</u> b. (Middle) <u>OSKEE</u> c. (Last) <u>Davenport Jr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March - 14 - 1957</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>Sept. 30 - 1909</u>
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNIVERSITY CLUB</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WARRENSBURG MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>TANNER OSKEE DAVENPORT JR</u>	
13b. MOTHER'S MAIDEN NAME <u>MAMIE MARR</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. ETHELYN DAVENPORT</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-03-5347</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ETHELYN DAVENPORT</u> ADDRESS <u>7547 WYOMING ST KANSAS CITY, MO</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Right Heart Failure</u>		DUE TO (b) <u>Pneumonia, total, right</u>		<u>12 hrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Bronchiogenic Carcinoma, Right</u>				<u>26 hrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>6 mos.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Bronchiogenic Carcinoma, Right upper lobe</u>		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)	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 10 March, 1957, to 14 March, 1957, that I last saw the deceased alive on 14 March, 1957, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Mayer, Jr.</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>4620 - J.C. Nichols Parkway - KC Mo</u>	23c. DATE SIGNED <u>3/15/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 18. 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NIT. MORIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>3-18-57</u>	REGISTRAR'S SIGNATURE <u>Neal Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Newcomer Sons</u> ADDRESS <u>1331 BRUSH CREEK 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 *Basil V. Honey*.....

Licensed Embalmer No. *472*
P. O. Address *K.C., Mo.*

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.