

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1121

FILED MAR 26 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1121

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) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH.		Length of stay in lbs 38 yrs	d. STREET ADDRESS (If outside, give location) 1021 EAST LINWOOD		Reside on Farm No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle William Last DAVIS			4. DATE OF DEATH Month 3 Day 9 Year 57		
5. SEX D	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-11-1867	9. AGE (In years last birthday) 90	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) owner - Davis Theatre		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Platte Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Calvin Davis			14. MOTHER'S MAIDEN NAME Ann E. Corbin		
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. none	17. INFORMANT Address 1021 E. Linwood Miss Pauline Lounsbury		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of Liver (Terminal Phase)					INTERVAL BETWEEN ONSET AND DEATH 6 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					5810
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Cardiac Decompensation, Arteriosclerosis					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.)			
20c. TIME OF INJURY Hour _____ 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 Jan. 1940 to Mar. 9 - 1957 and last saw him alive on March 8, 1957 Death occurred at 4:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Carl R. Ferris MD (Degree or title)			22b. ADDRESS 535 Angyle Bldg. Mo		22c. DATE SIGNED 3-9-57
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, & county) (State)
REMOVAL		3-9-57	HIGGINSVILLE, MO		
24. FUNERAL DIRECTOR DW. NEWCOMER'S SON		ADDRESS 18 c.	25. DATE RECD. BY LOCAL REG. 3-10-57		26. REGISTRAR'S SIGNATURE neva minshall

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
MEDICAL CERTIFICATION
Carl R. Ferris

MAR 26 1957

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 K. Brown*

Licensed Embalmer No. *49*

P. O. Address *K.C.*

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.