

Health,  
Welfare  
Public  
Service

300  
1-57

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Kenneth A. Davis

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 1 - 1957

13232  
STATE FILE NUMBER  
1796

Registration District No. 149 Primary Registration District No. 1005 Registrar's No. 1796

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> COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital or institution) <u>Benton Manor Nurs. Home</u> Length of stay in 1b <u>3 1/2 yrs.</u>		d. STREET ADDRESS (If outside City location) <u>647 East 70<sup>th</sup> Terr.</u>	

3. NAME OF DECEASED (Type or print) First <u>MARJORIE</u> Middle <u>KATE</u> Last <u>KOINM</u>			4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1957</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB-7, 1887</u>	9. AGE (In years last birthday) <u>70</u>	10. FUNDING YEAR Months <u></u> Days <u></u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Teacher</u>	10b. KIND OF BUSINESS OR PROFESSION <u>TEACHER</u>	11. BIRTHPLACE (City and state or country) <u>Oswego, New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Jenismiah Samborn</u>	13b. MOTHER'S MAIDEN NAME <u>Mary J. Chambers</u>	13c. NAME OF HUSBAND OR WIFE <u>Charles Koinm</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>495-05-4029E</u>	17. INFORMANT <u>Mrs. Edna Samborn</u> Address <u>647 E. 70 TERR. K.C., Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u></u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		<u>13 years</u>
		<u>332X</u>

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.)
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20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <u>June 7, 1951</u> to <u>April 15, 1957</u> and last saw her alive on <u>April 15, 1957</u> Death occurred at <u>10:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22. SIGNATURE (Degree or title) <u>Kenneth A. Davis, M.D.</u>	22b. ADDRESS <u>201 Plaza Theater Bldg. Kansas City, Mo.</u>	22c. DATE SIGNED <u>4-16-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>APR-18-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>D.W. Newcomer's Sons 1331 BRUSH ST. K.C., Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-17-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>
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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 *Edward M. Storey* .....

Licensed Embalmer No. *4452*

P. O. Address *H. C. 10 Me*

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.