

STANDARD CERTIFICATE OF DEATH

23586
STATE FILE NUMBER

FILED JUL 29 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 788

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital		Length of stay in lb life	d. STREET ADDRESS (If outside, give location) 105 1/2 Ayr Lawn Add. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First KENNETH Middle Last DAVIS			4. DATE OF DEATH Month July Day 13 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 23, 1936
9. AGE (In years and birthday) 20		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hog Kill	11. BIRTHPLACE (City and state or country) St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert E. Davis	
13b. MOTHER'S MAIDEN NAME Billie French		14. NAME OF HUSBAND OR WIFE none	
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. 494-34-9730	17. INFORMANT Rose Mary Davis Address St. Joseph 105 1/2 Ayr Lawn Add.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock and Internal Hemorrhage at once Conditions, if any, which gave rise to above cause (a), storing the underlying cause last. } DUE TO (b) Crushing of chest DUE TO (c) auto accident 8234 at once			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (If any) 32			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 3			
20a. ACCIDENT <input checked="" 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.) Riding in back seat of car, door came open, driver tried close door, lost control auto hit tree. Victim fell out of door.		
20c. TIME OF INJURY Hour Month, Day, Year a.m. 7-13-57 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Road		20f. CITY, TOWN, OR LOCATION St. Joseph Buchanan Mo.	
21. I attended the deceased from deceased body to 7-13-57 and last saw him alive on 7-13-57 Death occurred at 1:55 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Homecoming M. Coronor		22b. ADDRESS Kirkpatrick Bldg St. Joseph 8, Mo.	22c. DATE SIGNED 7-13-57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	July 15, 57	Ashland Cemetery	St. Joseph, Mo.
24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. July 22, 1957	26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Erica Clark*

Licensed Embalmer No. 4238
P. O. Address St. Joseph

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.