

Health,  
Welfare  
Public  
Service

300  
-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
W. R. Peterson

FILED AUG 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28229

STATE NUMBER

3606

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General #2</b>		Length of stay in lb <b>35yrs</b>	
e. STREET ADDRESS <b>2406 Troost</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Tishie Davis</b>			4. DATE OF DEATH Month Day Year <b>July 30, 1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 12, 1892</b>
9. AGE (In years at birthday) <b>64</b>	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) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Blackburn, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Joe Miles</b>		13b. MOTHER'S MAIDEN NAME <b>Rosie Bell Frazier</b>	14. NAME OF HUSBAND OR WIFE <b>Roy Davis</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>494-30-2549</b>	17. INFORMANT Address <b>Ida Mae Johnson, daughter, 3427 Bellefontaine</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis and Generalized arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>332+</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK 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 <b>7-26-57</b> to <b>7-30-57</b> and last saw her him alive on <b>7-30-57</b> Death occurred at <b>9:50 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. R. Peterson M.D.</b>		22b. ADDRESS <b>600 E. 22nd Street</b>	22c. DATE SIGNED <b>8-1-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>8-2-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Walter Beatty Home 1800 Benton</b>		25. DATE RECD. BY LOCAL REG. <b>8-1-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>

(Licensed Embalmer's Statement on Reverse Side)



**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 *Bruce R. Watkins* .....

Licensed Embalmer No. *4570*

P. O. Address *1800 Beate*

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.