

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31798**
3820

FILED SEP 16 1957

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3820**

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **1219 Independence Blvd.**

e. STREET ADDRESS (If rural, give location) **1219 Independence Blvd**

3. NAME OF DECEASED
a. (First) **Joseph** b. (Middle) **Davis** c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) **8/12/57**

5. SEX **M**

6. COLOR OR RACE **Col**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **DIVORCED**

8. DATE OF BIRTH **1890 Sept. 1899**

9. AGE (In years last birthday) **67** IF UNDER 1 YEAR Months IF UNDER 2 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Mill Worker**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Mississippi**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Don't know**

13b. MOTHER'S MAIDEN NAME **Don't know**

14. NAME OF HUSBAND OR WIFE

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'S SIGNATURE OR NAME **R.C.H.S.** ADDRESS **Rev. Melvin Smith, 1960 Thompson**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Dilatation Right Heart**
ANTECEDENT CAUSES
DUE TO (b) **Chronic Valvular Heart Disease**
DUE TO (c) **Arteriosclerosis**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Senility**

INTERVAL BETWEEN ONSET AND DEATH
42/4

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? **0**
YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Deputy Coroner** (Degree or title) **3rd**

23b. ADDRESS **1618 Lydia Ave**

23c. DATE SIGNED **8/14/57**

24a. BURIAL CREMATION REMOVAL (Specify)

24b. DATE **Aug. 16, 57**

24c. NAME OF CEMETERY OR CREMATORY **West Lawn**

24d. LOCATION (City, town, or county) (State) **Kans. City, Kansas**

DATE REC'D BY LOCAL REG. **8-15-57** REGISTRAR'S SIGNATURE **neva mirshall**

25. FUNERAL DIRECTOR'S SIGNATURE **L. A. Thatcher** ADDRESS **1520 N. 5th**

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 *Cleopatra J. Woods*.....

Licensed Embalmer No. *21,006*

P. O. Address *1520 N. 5th*

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.