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FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

31799
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4080

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hospital — Length of stay in 1b 36 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3315 Wayne Avenue — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Margaret Middle E. Last Davis
4. DATE OF DEATH Month August Day 30 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH August 22, 1886
9. AGE (In years last birthday) 71 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ———
11. BIRTHPLACE (City and state or country) Clinton, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Thomas Buckingham
13b. MOTHER'S MAIDEN NAME Rose Rosebaugh
14. NAME OF HUSBAND OR WIFE Thomas E. Davis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Thomas E. Davis — Address 3315 Wayne Avenue Kansas City, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis
DUE TO (c) — 350X
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 [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 5/6/40, to 8/30/57 and last saw her/him alive on 8/29/57
Death occurred at 7:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James R. McVay
22b. ADDRESS 814 VEW. Bldg.
22c. DATE SIGNED 8/31/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 2, 1957
23c. NAME OF CEMETERY OR CREMATORY God's Acre Cemetery
23d. LOCATION (City, town, or county) Osceola (State) Missouri

24. FUNERAL DIRECTOR D.W. Newcomer's Sons — ADDRESS 1331 Brush Creek Blvd Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 9-1-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

James R. Mc Vay MD

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 ..... Signed Basil Honey,
Signature of Student Embalmer

Licensed Embalmer No. 4724,

P. O. Address K.C., Mo.

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.