

HEALTH DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 19 1958

58-006032
STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 4240 Registrar's No. 33

3

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Blue Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 14th & Main		Length of stay in lb 30 Mi	d. STREET ADDRESS (If outside, give location) 608 So 8th St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle A Last Davis			4. DATE OF DEATH Month Feb Day 4 Year 1958		
5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 1 1896	9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Realestate	11. BIRTHPLACE (City and state or country) Seward Neb		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME A J Davis			14. MOTHER'S MAIDEN NAME Zelma Mason		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W #1		16. SOCIAL SECURITY NO. 456-36-5602	17. INFORMANT Mrs Gladys Davis, Blue Springs Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					INTERVAL BETWEEN ONSET AND DEATH none 3 yrs +
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.) 4201		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <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 _____		
21. I attended the deceased from 2-4-58 to 2-4-58 and last saw her/him alive on did not Death occurred at 9:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Mcswill R. Bay, M.D.			22b. ADDRESS Blue Springs Mo		22c. DATE SIGNED 2-5-58
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 7 1958	23c. NAME OF CEMETERY OR CREMATORY Nat Military Cem		23d. LOCATION (City, town, or county) (State) Levansworth Kan	
24. FUNERAL DIRECTOR Webb Funeral Home			25. DATE RECD. BY LOCAL REG. 2-7-58	26. REGISTRAR'S SIGNATURE M.B. Longford	

6961

FEB 20 1958

FEB 17 1958

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.....
Robert

Licensed Embalmer No.
200

P. O. Address.....
Blue Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.