

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039901

STATE FILE NUMBER

5433

FILED DEC 8 1958 Registration District No. 199 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Oklahoma</i> b. COUNTY <i>Attaumy</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Afton</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Lakeside Hosp</i>		Length of stay in 1b <i>3 wks</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>ELMER</i> Middle <i>—</i> Last <i>DAVIS</i>			4. DATE OF DEATH Month <i>11</i> Day <i>16</i> Year <i>1958</i>		
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>SEPT. 4 - 1868</i>	9. AGE (In years last birthday) <i>90</i>	IF UNDER 1 YEAR Months <i>—</i> Days <i>—</i>	IF UNDER 24 HRS. Hours <i>—</i> Min. <i>—</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOSTLER</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	11. BIRTHPLACE (City and state or country) <i>Washington, Iowa</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
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13a. FATHER'S NAME <i>John P. N. Davis</i>	13b. MOTHER'S MAIDEN NAME <i>Rose Gooden</i>	14. NAME OF HUSBAND OR WIFE <i>Lilly Davis (deceased)</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Mrs. L. D. Robbins (daughter) K.C. Mo</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>hypotensive pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 days</i>
DUE TO (b) <i>intertrochanteric fracture left hip</i>		
DUE TO (c) <i>Respiratory Infection</i>		<i>7 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>E9020</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <i>fell on floor getting out of chair</i>
20c. TIME OF INJURY Hour <i>11</i> Month, Day, Year <i>6-58</i> a.m. p.m.	<i>123</i>

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, firm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>Kansas City, Jackson, Mo.</i>	COUNTY <i>Jackson</i>	STATE <i>Mo.</i>
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21. I attended the deceased from Death occurred at <i>1:05 A.M.</i> <i>1049</i>	and last saw him alive on <i>Nov 5, 1958</i>
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22a. SIGNATURE (Deceased or title) <i>E. L. Gehrke</i>	22b. ADDRESS <i>1400 E. 83rd St K.C. Mo</i>	22c. DATE SIGNED <i>11/16/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>11-16-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Miami Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Miami, Okla.</i>
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24. FUNERAL DIRECTOR <i>C. N. Blackman &amp; Son K.C. Mo</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>11-17-58</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>
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1-57  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.  
E. L. Gehrke

11.1  
11.1  
Nov 1 - 4632  
over

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address H. C. No.

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.