

Health,
& Welfare
Public
Service

FILED NOV 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040348

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5570 Registrar's No. 486

300-3
1-57

1. PLACE OF DEATH a. COUNTY Jackson Ft. Craig Twp.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buckner		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kansas City 3208
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. # 1, Buckner		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 614 Cambridge
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JAMES Middle FRANCIS Last DAVIS			4. DATE OF DEATH Month Nov. Day 19, Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 3, 1885		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer & Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Burlington Junction, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Francis M. Franklin Davis		13b. MOTHER'S MAIDEN NAME Martha Mary Jane Lathrop		14. NAME OF HUSBAND OR WIFE Margaret Ellen Davis	
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. 493-18-5215	17. INFORMANT Address Margaret E. Davis, 614 Cambridge, K.C., 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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
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"/> 2

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.) ITEM 13a, 13b CORRECTED		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			BY AFFIDAVIT OF Funeral Director 1-9-58		
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 _____, to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George C. Carson (Degree or title) 3		22b. ADDRESS 1034 Rialto Bldg		22c. DATE SIGNED 11-20-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-22-58		23c. NAME OF CEMETERY OR CREMATORY Weatherman Cemetery	
		23d. LOCATION (City, town, or county) (State) Guilford, Missouri		24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Indep., Mo.	
		25. DATE RECD. BY LOCAL REG. 11-22-58		26. REGISTRAR'S SIGNATURE James S. [Signature]	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 22 1958

City

State

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 *Raymond F. Stoenman*

Licensed Embalmer No. *4266*.....
P. O. Address *Independence, 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.