

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001649

STATE FILE NUMBER

LED FEB 3 1959

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 49

300

-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b> <i>Blue Jwp.</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> <i>7000</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>8700 Kentucky</b>		Length of stay in lb <b>40 years</b>	d. STREET ADDRESS (If outside, give location) <b>8700 Kentucky</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Leslie</b> Last <b>Davies</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>23,</b> Year <b>1959</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 14, 1885</b>	9. AGE (In years) <b>73</b> birthday	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during the week immediately preceding death, even if retired) <b>Teamster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City Ice Co.</b>	11. BIRTHPLACE (City and state or country) <b>Jasper City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Neil Davies</b>		13b. MOTHER'S MAIDEN NAME <b>Eva C. Davis</b>		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) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>486-07-4545</b>	17. INFORMANT <b>L. L. Clayton</b> Address <b>8700 Kentucky</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>					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"/>
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.) <b>4285</b>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>3</b>			22b. ADDRESS <b>1034 Rialto Blvd</b>		22c. DATE SIGNED <b>1-24-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 24, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Inc.,</b>	23d. LOCATION (City, town, or county) (State) <b>Blue Ridge &amp; Gregory K.C. Mo.</b>		
24. FUNERAL DIRECTOR <b>Floral Hills Memorial Chapels</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>1-24-59</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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FEB 4 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 *Forrest D. Goldsman* .....

Licensed Embalmer No. *4214* .....  
P. O. Address *K. E. Mr.* .....

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.