

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-006227**

**FILED VS MAR 11 1960**

149

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

**955**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Leavenworth</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>K.C. City, Mo.</i>		Length of stay in 1b <i>2 days.</i>	c. CITY OR TOWN <i>Leavenworth, Kans.</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Lukes Hosp.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1321 Pawnee</i>
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Oliver Joseph</i> Middle <i>Davis</i> Last			4. DATE OF DEATH Month <i>Feb.</i> Day <i>16</i> Year <i>1960</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-15-03</i>	9. AGE (last birthday) <i>56</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanic Clark Motor Company</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Kansas City Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U S A</i>
13a. FATHER'S NAME <i>Frank Davis</i>		13b. MOTHER'S MAIDEN NAME <i>Florence Blanch Northrup</i>		14. NAME OF HUSBAND OR WIFE <i>Minnie L. Clark</i>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>487-01--9660</i>	17. INFORMANT <i>Hospital Records</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>Chromoplatic Sclerosing Malignant</i> <i>Primary unknown.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mo.</i>
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
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 *Nov 30, 1959* to *Feb. 16, 1960* and last saw her/him alive on *2-16-60*  
Death occurred at *6:30 P.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>A. M. Ziegler M.D.</i>	22b. ADDRESS <i>330 W. 47 St. K.C. Mo.</i>	22c. DATE SIGNED <i>2/17/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>2/17/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Eldorado Springs Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Eldorada Springs Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>D.W. Newcomers Sons 1331 Brush Creek Blvd Kansas City Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>2-17-60</i>	26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
A. M. Ziegler

WE 14928  
1.00 Pm

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 492  
P. O. Address REV

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.