

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011349

FILED VS MAR 17 1960

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 142

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				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 Independence		Length of stay in 1b		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION 23rd & Kiger			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 522 E. 11th St. Apt. 301		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First SIE Middle MAJOR Last DAVIS				4. DATE OF DEATH Month March Day 5 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 1-6-1913		9. AGE (last birthday) 47		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Walnut Products, Inc.		11. BIRTHPLACE (City and state or country) Dover, Tennessee		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Cash Davis				13b. MOTHER'S MAIDEN NAME Dora Davis				14. NAME OF HUSBAND OR WIFE Hazel 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. 401-10-6672		17. INFORMANT Address Hazel Davis, Peach Orchard, Arkansas							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock & Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. fractured skull & crushed chest DUE TO (b) fractured skull & crushed chest DUE TO (c) chest										INTERVAL BETWEEN ONSET AND DEATH			
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			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) Pedestrian struck by car truck									
20c. TIME OF INJURY Hour 3 a.m. 4 p.m. 60		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, -farm, factory, street, office bldg., etc.) highway		20f. CITY, TOWN, OR LOCATION Jackson		COUNTY mt		STATE MO			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Nugton Owens Coroner				22b. ADDRESS 1034 Pickett Bldg				22c. DATE SIGNED 3-6-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-9-60		23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		23d. LOCATION (City, town, or county) Jackson County, Mo.							
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Independence, Mo.				25. DATE RECD. BY LOCAL REG. 3-9-60		26. REGISTRAR'S SIGNATURE James Craig							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 18 1960

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address Indep, N

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