FILED VS SEP 6 1960

URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-030506

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4297

NDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 15 YEARS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) OSTEOPATHIC HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY CLAY
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1116 E BARRY Rd — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FRED Middle EDWARD Last DAVIS
4. DATE OF DEATH Month AUG Day 20 Year 1960
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-28-1899
9. AGE (last birthday) 61 — 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) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) IATIAN, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME CHARLES DAVIS
13b. MOTHER'S MAIDEN NAME BARBARA ANN BLAUGH
14. NAME OF HUSBAND OR WIFE HELEN DAVIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW1
16. SOCIAL SECURITY NO. 510-07-9522
17. INFORMANT Address HELEN DAVIS - 1116 E. BARRY Rd

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Inferia Wall myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH approx 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 April 1958, to 8/20/60 and last saw her/him alive on 8/20/60
Death occurred at 2:25 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm J. Legg Do
22b. ADDRESS 8325 N Ash St Trfwy, KC 18, Mo
22c. DATE SIGNED 8/22/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-22-60
23c. NAME OF CEMETERY OR CREMATORY BARRY CEMETERY
23d. LOCATION (City, town, or county) BARRY (State) MO.
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomer's Sons N.K.C. Mo
25. DATE RECD. BY LOCAL REG. 8-22-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF Wm. J. Legg

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 John W. Henick Jr.

Licensed Embalmer No. 4848

P. O. Address K.G.M, Mo

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