RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-034708
STATE FILE NUMBER

FILED VS OCT 10 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4812

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: 17 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA. General Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1207 Admiral Blvd.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: SHIRLEY Middle: JO Last: DAVIS
4. DATE OF DEATH Month, Day, Year: Sep. 21, 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Apr.9,59
9. AGE (last birthday): 1 yr
IF UNDER 1 YEAR: Months 5 Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -----
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (City and state or country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Ronald Davis
13b. MOTHER'S MAIDEN NAME: Lavada Wooten
14. NAME OF HUSBAND OR WIFE: -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ronald Davis, 1207 Admiral, K.C., Mo. Address

MEDICAL CERTIFICATION

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 resulting
DUE TO (b) from multiple skull fractures
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c)
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. ☐ 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.) Fell from window
20c. TIME OF INJURY Hour a.m. 8:15 Month, Day, Year 9-21-60
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.) Home
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw 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 Geo O Lodl Jr (Degree or title) Asst Deputy Coroner
22b. ADDRESS 6627 Prospect Kansas
22c. DATE SIGNED 9-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sep 23, 60
23c. NAME OF CEMETERY OR CREMATORY Mt. Washington
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR ADDRESS P.B.Lapetina Fun'l Home, K.C., Mo.
25. DATE RECD. BY LOCAL REG. 9-22,60
26. REGISTRAR'S SIGNATURE H-L O wyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~embalmer~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack F. Moore

Licensed Embalmer No. 4724

P. O. Address Kansas C

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.