

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041952

FILED VS DEC 8 1960

149

Primary Registration District No. 1002

Registrar's No. 5779

STATE FILE NUMBER

INDEXED

| | | | | | | | | | | | | | |
|---|--|---|--|---|---|--|---|---|--------------------------------------|--|--|------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 71 Yrs | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7616 Blue Ridge | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 7616 Blue Ridge | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First CARL Middle E Last DAVENPORT | | | | 4. DATE OF DEATH Month 11 Day 16 Year 1960 | | | | | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 8 2 89 | | 9. AGE (last birthday) 71 | | 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) ret farmer | | | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and state or country) Raytown, Missouri | | 12. CITIZEN OF WHAT COUNTRY U. S. A | | | | | |
| 13a. FATHER'S NAME Geo Davenport | | | | 13b. MOTHER'S MAIDEN NAME Susan West | | | | 14. NAME OF HUSBAND OR WIFE Viola R. Davenport | | | | | |
| 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. 492 18 2525 | | 17. INFORMANT Mrs. Viola R. Davenport 7616 Blue Ridge | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 minutes | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) | | | | | | | | | | | |
| | | DUE TO (c) Arteriosclerotic Coronary heart disease | | | | | | | | 6 months | | | |
| 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 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.) | | | | | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | | | | | | | | | |
| 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 31 July 60 to 16 Nov 60 and last saw him alive on 4 Nov 60 Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Jack M. Davis MD | | | | | | 22b. ADDRESS Raytown, Mo. | | | 22c. DATE SIGNED 17 Nov 60 | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 11-18-1960 | | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills | | | | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | | | | |
| 24. FUNERAL DIRECTOR ADDRESS Floral Hills Mem. Chapels, Inc K.C. MO | | | | 25. DATE RECD. BY LOCAL REG. 11-17-60 | | 26. REGISTRAR'S SIGNATURE H-L. Dwyer | | | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF JACK M. DAVIS

In Jack Davis

VS - DEC 8 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Forrest D. Cadden

Licensed Embalmer No. 471

P. O. Address K.C. Mo

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