

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041954

FILED VS NOV 17 1960

5415

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5415

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Overland Park</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>7611 W. 72nd Terrace</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>HOMER</b> Middle <b>R</b> Last <b>DAVIS</b>			4. DATE OF DEATH Month <b>October</b> Day <b>27</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/17/1886</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Doctor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dentistry</b>	11. BIRTHPLACE (City and state or country) <b>Washington, Court House, Ohio</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>James Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Dowell</b>		14. NAME OF HUSBAND OR WIFE <b>Laura Davis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. #1</b>		16. SOCIAL SECURITY NO. <b>489-44-1981</b>	17. INFORMANT <b>Laura Davis, 7611 W. 72nd Terrace, Overland Park</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Arterio. Sclerosis</b>		
DUE TO (c) <b>&amp; Liver damage -</b>		
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 a.m. p.m.	Month, Day, Year	

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.)	20f. CITY, TOWN, OR LOCATION <b>Overland Park</b>	COUNTY <b>Johnson</b>	STATE <b>Kans.</b>
21. I attended the deceased from <b>Sept-1-60</b> to <b>Oct-27-60</b> and last saw her/him alive on <b>Oct-27-1960</b> Death occurred at <b>11:10 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>G. C. Remley</b> (Degree or title)	22b. ADDRESS <b>7712 936 Argyle Bldg</b>	22c. DATE SIGNED <b>10-28-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>11-1-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Johnson County Mem. Gardens Johnson Co., Kans.</b>

24. FUNERAL DIRECTOR <b>D.W. Newcomer</b>	ADDRESS <b>1331 Brush Creek Blvd. Sons, Kansas City, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>10-28-60</b>	26. REGISTRAR'S SIGNATURE <b>H-L. Dwyer</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF G. C. Remley

**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 Harry E. Stevens

Licensed Embalmer No. 4850

P. O. Address Peasent

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