

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-000655

STATE FILE NUMBER

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

Registration District No. 75 Primary Registration District No. 5221 Registrar's No. 8

AMENDED FILED VS FEB 1 1961

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>LIBERTY</u>			Length of stay in lb <u>2 years</u>		c. CITY OR TOWN <u>MISSION</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Oddfellows Home</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>6005 Granada</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>LEONARD WILLIAM DAVIS</u>						4. DATE OF DEATH Month Day Year <u>January 19, 1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-8-1876</u>	9. AGE (last birthday) <u>85</u>	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) <u>Barber</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Slater, Mo. U.S.A.</u>	
13a. FATHER'S NAME <u>Perry Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Huff</u>		14. NAME OF HUSBAND OR WIFE <u>Mable R. Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Miss Mildred E. Davis 6005 Granada</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 e.m. p.m. Month, Day, Year		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 <u>Nov 1957</u> to <u>Jan 19 61</u> and last saw her/him alive on <u>Jan 19</u> Death occurred at <u>8 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Wm. St. Goodman M.D.</u>				22b. ADDRESS <u>Liberty Mo</u>		22c. DATE SIGNED <u>1/20/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-21-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem. Kansas City Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331 Brush Creek, Kansas City, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>1-27-61</u>		26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	

FEB 1 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed James W. Stegman

Licensed Embalmer No. 3780

P. O. Address K. C. Mo

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