

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5247-61-036868  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5247

AMENDED

FILED NOV 1 1961

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>                  |  | Length of stay in 1b<br><b>16 years</b>  | c. CITY OR TOWN <b>Kansas City</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>704 E. 41st Street</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>704 East 41st Street</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>GEORGIA</b> Middle <b>ANN</b> Last <b>DAVIS</b> |  |  | 4. DATE OF DEATH<br>Month <b>October</b> Day <b>20</b> Year <b>1961</b> |  |  |  |
|---|--|--|---|--|--|--|

|                         |                                  |   |                                    |                                     |                           |                        |       |      |
|-------------------------|----------------------------------|---|------------------------------------|-------------------------------------|---------------------------|------------------------|-------|------|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>2/25/74</b> | 9. AGE (last birthday)<br><b>86</b> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HR<br>Days | Hours | Min. |
|-------------------------|----------------------------------|---|------------------------------------|-------------------------------------|---------------------------|------------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Homemaker</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Domestic</b> | 11. BIRTHPLACE (City and state or country)<br><b>Stotesbury, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b> |
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| 13a. FATHER'S NAME<br><b>Miles Downey</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah DeWitt</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Willis W. Davis</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br>Address <b>704 E. 41st</b><br><b>Mrs. Richard L. DeForest K.C., Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                             | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a)  | <b>Chronic Endocarditis</b> |                                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <b>Senility</b>  |                                  |
| DUE TO (c)   |                             |                                  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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|   |                  |
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| 20c. TIME OF INJURY<br>Hour<br>a.m.<br>p.m. | Month, Day, Year |
|---|------------------|

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|--|--|---|
| 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<br>COUNTY<br>STATE |
|--|--|---|

21. I attended the deceased from **1941** to **October 20, 61** and last saw her **live on Oct. 19, 1961**  
Death occurred at **2:35 A.** on the date stated above, and to the best of my knowledge, from the causes stated.

|  |  |                                     |
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| 22a. SIGNATURE<br><i>Calvin A. Beard</i> (Degree or title) | 22b. ADDRESS<br><b>3700 Belleview, K.C., Mo.</b> | 22c. DATE SIGNED<br><b>10-20-61</b> |
|--|--|-------------------------------------|

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Oct. 22, 1961</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Hill Cemetery</b> | 23d. LOCATION (City, town, or county)<br><b>Butler</b> (State)<br><b>Missouri</b> |
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| 24. FUNERAL DIRECTOR<br><b>D.W. Newcomer's Sons, Kansas City</b><br>ADDRESS<br><b>1331 Brush Creek Blvd.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>10-20-61</b> | 26. REGISTRAR'S SIGNATURE<br><i>Ruth Long</i> |
|--|---|---|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Calvin A. Beard

**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 Harry E. Clemens

Licensed Embalmer No. 4050

P. O. Address Pleasant Hill

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.