MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000791
STATE FILE NUMBER

AMENDED

Registration District No. 75 Primary Registration District No. 4138 Registrar's No. 10

FILED JAN 24 1962

1. PLACE OF DEATH
a. COUNTY CLINTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lathrop
Length of stay in 1b: 3 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LOCUST ST.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY CLINTON
c. CITY OR TOWN Lathrop MO.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: William Middle: Edward Last: Davis
4. DATE OF DEATH Month: Jan Day: 20 Year: 62
5. SEX: Male
6. COLOR OR RACE: C
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/30/82
9. AGE (last birthday): 80
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): Labor
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOW
11. BIRTHPLACE (City and state or country): UNKNOW
12. CITIZEN OF WHAT COUNTRY: U.S
13a. FATHER'S NAME: UNKNOW
13b. MOTHER'S MAIDEN NAME: UNKNOW
14. NAME OF HUSBAND OR WIFE: LEALION DAVIS
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.:
17. INFORMANT: LEALION DAVIS Address: Lathrop MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	5 Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Thrombophlebitis	1 Week
DUE TO (c)	Arteriosclerosis	20 years

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from September, 1961, to January, 1962 and last saw her/him alive on January 20, 1962
Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred Warren (Degree or title) D.O.
22b. ADDRESS Lathrop, Missouri
22c. DATE SIGNED 1-20-1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY: Removal
23d. LOCATION (City, town, or county): Kansas City (State): MO

24. FUNERAL DIRECTOR: Watkins Bros ADDRESS 184 Benton RC MO
25. DATE RECD. BY LOCAL REG.: Jan 21 1962
26. REGISTRAR'S SIGNATURE: Frances D Crawford

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FEB 1 1962

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 18th & Benton
KC. 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.