

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026403

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 73
FILED JUL 31 1962

Primary Registration District No. 5291

Registrar's No. 96

VS 300	DATE AMENDED
Rev. 4/59	
16000	
26604	
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4 1	
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1286-0	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
INSTEAD OF	
DOCUMENT	
MEDICAL CERTIFICATION	
BY AFFIDAVIT OF	
ITEM NO.	SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		c. CITY OR TOWN Kansas City	
Length of stay in 1b 9 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION I.O.O.F. Hospital		d. STREET ADDRESS (If outside, give location) 7901 N. Broadway	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Martha Rebecca Davis			4. DATE OF DEATH Month Day Year July 21 1962
5. SEX Fe	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-15-76
9. AGE (last birthday) 86		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) California
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Joseph Bowles	
13b. MOTHER'S MAIDEN NAME Laura Kenney		14. NAME OF HUSBAND OR WIFE Jacob L. Davis	
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. None	17. INFORMANT Mrs. Russell Wood
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anteriorlevaric		INTERVAL BETWEEN ONSET AND DEATH year or 2	
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 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	COUNTY STATE
21. I attended the deceased from July 1 62 to _____ and last saw her alive on July 20-62		Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Mrs. Russell Wood		22b. ADDRESS Liberty Mo	22c. DATE SIGNED 7/23
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-24-62	23c. NAME OF CEMETERY OR CREMATORY New Boston Cemetery	23d. LOCATION (City, town, or county) (State) New Boston, Missouri
24. FUNERAL DIRECTOR McComas Funeral Home		ADDRESS Smithville, Mo.	25. DATE RECD. BY LOCAL REG. 7-25-62
		26. REGISTRAR'S SIGNATURE Mabel Graham	

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.