

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4081

STATE FILE NUMBER

VS 300 Rev. 4/59

- 1
- 2 8130
- 3
- 4 3
- 5 1
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- 7 0
- 8 1
- 9 X
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- 11 123
- 12 57-3
- 13

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 28 1962

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City, Length of stay in lb OR TOWN 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN Bonner Springs Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1615 So. 137th St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Alberta Middle Davis Last Davis
4. DATE OF DEATH Month August Day 6 Year 1962

5. SEX female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 3-20-91 9. AGE (last birthday) 71 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY ----- 11. BIRTHPLACE (City and state or country) Warrenburg, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jerry Tibbs 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Henry 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 Address Henry Davis, Bonner Springs, Kans.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemo-Pneumo Thorax due to
DUE TO (b) Crushing Injuries of Chest.
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.) Traffic Fatality

20c. TIME OF INJURY Hour 4:14 a.m. p.m. Month, Day, Year 8/4/62

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.) 67th & So Benton 20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Deputy Coroner 22b. ADDRESS 1618 Lydia Ave. 22c. DATE SIGNED 8/8/62

23. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8-11-62 23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery 23d. LOCATION (City, town, or county) (State) Independence, Missouri

24. FUNERAL DIRECTOR ADDRESS L Mrs. Meek's Mortuary, K. C. Mo. 25. DATE RECD. BY LOCAL REG. 8-8-62 26. REGISTRAR'S SIGNATURE Ruth Long

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 Hazel M. Hendrix

Licensed Embalmer No. 4943

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.