

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034694

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4566 STATE FILE NUMBER

DO NOT WRITE THIS STUB

AMENDED

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OR
TYPEWRITER RIBBON

DATE AMENDED	11/9/62
DATE AMENDED	11/9/62
INSTEAD OF	Asphyxiation
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	Carcinoma of left breast
SHOULD READ	Metastatic carcinoma of the left breast
SHOULD BE	blank

BY AFFIDAVIT OF
W. R. Peterson
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY c. FULL NAME OF HOSPITAL OR INSTITUTION QUEEN OF THE WORLD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN KANSAS CITY d. STREET ADDRESS (If outside, give location) 1517 E. 24th. ST.	
3. NAME OF DECEASED First INA Middle MAE Last DAVIS		4. DATE OF DEATH Month SEPTEMBER Day 2 Year 1962	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-16-1922
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY K.C. Assn. for Blind	11. BIRTHPLACE (City and state or country) Little Rock, Arkansas
13a. FATHER'S NAME Lewis Fambro		13b. MOTHER'S MAIDEN NAME Minnie Murray	14. NAME OF HUSBAND OR WIFE Clarence Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address CLARENCE DAVIS, 1517 E. 24th. Terr. KCMO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPHYXIATION Metastatic carcinoma of the left breast DUE TO (b) breast DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). CARCINOMA OF THE LEFT BREAST WITH BONY METASTASIS			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 _____ a.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 8-27-62 to 9-2-62 and last saw her/him alive on 9-2-62 Death occurred at 3:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. R. Peterson M.D. (Degree or title)		22b. ADDRESS 2701 E. 31st. St. K.C. Missouri	22c. DATE SIGNED 9-5-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-8-62	23c. NAME OF CEMETERY OR CREMATORY Lincoln	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 9-6-62	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 *R. Kenneth Reuber*

Licensed Embalmer No. 4497

P. O. Address R. E. M.

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.