

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

307663-024258

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 307663-024258

FILED JUL 5 1963							
1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 20 yrs c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 2740 DENVER Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED First Middle Last (Type or print) SPENCER O. DAVIS							
4. DATE OF DEATH Month Day Year MAY 30, 1963							
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-17-1910	9. AGE (last birthday) 52	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) Assembly Line		10b. KIND OF BUSINESS OR INDUSTRY B.O.P. PLANT		11. BIRTHPLACE (City and state or country) MARCELENE, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN S. DAVIS			13b. MOTHER'S MAIDEN NAME LULA STAATS		14. NAME OF HUSBAND OR WIFE JOSEPHINE DAVIS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) YES			16. SOCIAL SECURITY NO. W.W.2		17. INFORMANT Address Mrs. Josephine Davis, 2740 Denver		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 12 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe bronchial asthma, emphysema, cardiac enlargement						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 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 March 24, 1962 to May 30, 1963 and last saw him alive on May 30, 1963 Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Ralph Perry M.D.</i>				22b. ADDRESS Suite 300 Research Medical Office Bldg; 6400 Prospect		22c. DATE SIGNED 5-31-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-3-1963		23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS MUEHLEBACH 6800 Troost				25. DATE RECD. BY LOCAL REG. 5-31-63		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Ralph Perry

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
1
28358
3
4 0
5 1
6
7 0
8 1
94201
10
11
12 64-0
13

Re Ralph Perry
6409 Grinnell -
Evan 3 - 2822
1:00 P.M. till 5:00 P.M.

10-0

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 Robert J. Linder

Licensed Embalmer No. 5103

P. O. Address S. 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.