

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024715

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 311

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | |
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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) RAYTOWN | | Length of stay in lb 28 yrs. | c. CITY OR TOWN RAYTOWN |
| c. FULL NAME OF (If NOT in hospital, give location) 5917 RAYTOWN Rd. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5917 RAYTOWN Rd. |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) MARY ETNA DAVIS | | | 4. DATE OF DEATH Month JUNE Day 29 Year 1963 | | |
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|-------------------------|----------------------------------|---|--|-------------------------------------|---|--|
| 5. SEX FEMALE | 6. COLOR OF 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 Aug 26 1893 | 9. AGE (last birthday) 69 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMRESS | 10b. KIND OF BUSINESS OR INDUSTRY Lee-Wald-GARMENT | 11. BIRTHPLACE (City and state or country) St. Louis Co. - Mo. | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
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| 13a. FATHER'S NAME JAMES Hensley | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE William P. DAVIS |
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| 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. [REDACTED] | 17. INFORMANT Wm. P. Davis 5917 Raytown Rd. |
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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH 10 minutes |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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.) |
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|---|--|--|------------------------------|--------------|-------------|
| 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 6-29-63 to 6-29-63 and last saw her alive on 6-29-63
Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Alva L. Craig MD | 22b. ADDRESS 10601 Alva Ridge Blvd KCMO | 22c. DATE SIGNED 7-1-63 |
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|--|------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 7-3-1963 | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem. | 23d. LOCATION (City, town, or county) KANSAS CITY Mo. |
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| 24. FUNERAL DIRECTOR Hinton Funeral Home | ADDRESS Raytown, Mo. | 25. DATE RECD. BY LOCAL REG. 7-2-63 | 26. REGISTRAR'S SIGNATURE Alva L. Craig |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

JUL 23 1963

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P. 2009

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7-20-63

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 Forrest D. Coldenow

Licensed Embalmer No. 4714

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.