

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8324

FILED APR 5 1952

1364

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALDWELL		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 5 MONTHS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POLO
d. FULL NAME OF HOSPITAL OR INSTITUTION LITTLE SISTERS OF THE POOR		d. STREET ADDRESS (If rural, give location) 1 X		
3. NAME OF DECEASED (Type or Print) EDWARD		a. (First) EDWARD	b. (Middle)	c. (Last) DAVIS
4. DATE OF DEATH		4. DATE OF DEATH (Month) (Day) (Year) MARCH 23 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN 19 1880	9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY POLO MISSOURI	11. BIRTHPLACE (State or foreign country) DES MOINES, IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN DAVIS		13b. MOTHER'S MAIDEN NAME ANNA LEEK	14. NAME OF HUSBAND OR WIFE --	
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'S SIGNATURE OR NAME ADDRESS MRS. ETHEL SEARCY 1424 MADISON AVE KANSAS CITY, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ANTECEDENT CAUSES		10 min.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		331 X
		DUE TO (c) Arterio Sclerosis		10 min.
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1/10/52, 10 to 3/23, 1952, that I last saw the deceased alive on 3/21, 1952, and that death occurred at 11:00 P. M., from the causes and on the date stated above.				
23a. SIGNATURE Joseph A. Fogarty		23b. ADDRESS 402 Northman by K 63116		23c. DATE SIGNED 3/24/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 24 1952		24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) POLO, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 10 W. Newmarket's Lane KANSAS CITY, MO.		
DATE REC'D BY LOCAL REG. 3-24-52		REGISTRAR'S SIGNATURE Geraldine Holmes		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3008
5

00-21

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Albert L. Savage*

Signed.....
Student Embalmer

Licensed Embalmer No. *4812*

P. O. Address *San Antonio, Tex.*

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 this body is not embalmed, fact should be so stated above.