

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32114**

FILED OCT 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Rural Prairie Twp</u>		c. CITY OR TOWN <u>Rural Prairie Twp</u>	
c. LENGTH OF STAY (in this place) <u>2 yr</u>		d. STREET ADDRESS (If rural give location) <u>Lake Lotawana 7000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Lotawana</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Isabelle</u> b. (Middle) <u>Minerva</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-11-53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May = 1861</u>		9. AGE (In years last birthday) <u>92</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New York NY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Sara Baker Orion</u>	14. NAME OF HUSBAND OR WIFE <u>Charles N. Davis</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Lloyd P Westcott</u>	ADDRESS <u>Lee's Summit</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chronic myocarditis</u>		<u>1 year</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION: <u>491X</u>		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 3-21-, 1952, to 9-11-, 1953, that I last saw the deceased alive on 9-11-53, 1953, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clint R Miller MD</u>	(Degree or title)	23b. ADDRESS <u>Lee's Summit Mo</u>	23c. DATE SIGNED <u>9-12-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Int. Wash.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>

DATE REC'D BY LOCAL REG. <u>9-12-53</u>	REGISTRAR'S SIGNATURE <u>H B Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H B Langford</u>	ADDRESS <u>Lee's Summit</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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