

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42850**
5629

BIRTH NO. 170243 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 Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 6 Wks.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 2906 East. 49th. St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		3. NAME OF DECEASED a. (First) Ricky b. (Middle) Lee c. (Last) Davis	
4. DATE OF DEATH Nov. 29 1953		5. SEX <input checked="" type="radio"/> Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 19 Oct. 1953	
9. AGE (In years last birthday) 1 10. MONTHS 10 11. DAYS 10		9. AGE (In years last birthday) 1 10. MONTHS 10 11. DAYS 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X X X		10b. KIND OF BUSINESS OR INDUSTRY X X X	
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Lyle Davis		13b. MOTHER'S MAIDEN NAME Caroline Swezey	
14. NAME OF HUSBAND OR WIFE X X X X X X		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X X	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME L. Davis ADDRESS 2906 E. 49th. St. K.C. Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, Bilateral. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myelomeningocele & Hydrocephalus DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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 <u>10/19/53</u> , 19 <u>53</u> , to <u>11/29/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11/29/53</u> , 19 <u>53</u> , and that death occurred at <u>9:00 P.M.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE Bailey C. Andrus (Degree or title) M.D.M.D.		23b. ADDRESS 315 Nichols Road	
23c. DATE SIGNED 11/30/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1 Dec. 53		24c. NAME OF CEMETERY OR CREMATORY Floral Hills	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Sheraldine Smith ADDRESS Floral Hills Memorial Chapels K.C. Mo.	
DATE REC'D BY LOCAL REG. 11-30-53		25. FUNERAL DIRECTOR'S SIGNATURE Sheraldine Smith ADDRESS Floral Hills Memorial Chapels K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

As Embalmer Please Times

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

Lloyd C. McCord

Licensed Embalmer No. 4853

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