

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27187

State File No. \_\_\_\_\_

FILED AUG 18 1954

3565

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3565</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Texas</u>				b. COUNTY <u>Harris</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>Houston</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>X</u>				<u>8 April 54</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>September 3, 1909</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>44</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>yardmaster</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Texas City Terminal</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cherryvale, Kansas</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Lee Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Lanna Ward</u>			14. NAME OF HUSBAND OR WIFE <u>Hesteria Davis</u>			
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>Emerson</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lee Davis 1017 Locust Kansas City, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Pulmonary Tuberculosis</u>						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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>History of B. 15 yrs</u>						<u>002X</u>	
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) <u>Natural</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:20 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Hugh B. Owens MD 3</u> (Degree or title)				23b. ADDRESS <u>1034 Rio Rio Bldg.</u>			23c. DATE SIGNED <u>7-21-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 24 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-22-54</u>		REGISTRAR'S SIGNATURE <u>Rosaline Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilks Funeral Home 2315 Linwood</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Chas E. Wilks*

Licensed Embalmer No. *264*

P. O. Address *HC MD*

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.