

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4736

State File No.

FILED MAR 15 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 823

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) Kansas City	c. LENGTH OF STAY (in this place) <u>unk.</u>	c. CITY OR TOWN Kansas City	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 General Hospital # 1		STREET ADDRESS (If rural, give location) 104 W 9th	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) G c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) Feb. 21 55		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unknown	8. DATE OF BIRTH 8-2-84	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Coach		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) unknown 9		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE unknown	
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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. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sal Legman 1715 Grand K.C. Mo	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			0027

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **Jan. 26 19 55**, to **Feb. 21 19 55**, that I last saw the deceased alive on **Feb. 21 19 55**, and that death occurred at **4:42 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) D		23b. ADDRESS 24th & Cherry Sts.		23c. DATE SIGNED 2/21/55	
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24a. BURIAL CREMATION (REMOVAL) (Specify) burial	24b. DATE 2-23-55	24c. NAME OF CEMETERY OR CREMATORY Mt Calvary	24d. LOCATION (City, town, or county) (State) K.C. Kansas		
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DATE REC'D BY LOCAL REG. I. J. 55		REGISTRAR'S SIGNATURE Neva Marshall		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Legman 1715 Grand K.C. Mo.	
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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.....
Signature of Student Embalmer

Signed *H. L. Ray Mounsey,*

Licensed Embalmer No. *277*

P. O. Address *Ke m*

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.