

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33925

STATE FILE NUMBER

FILED NOV 15 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1682

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, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctor's Hos.		d. STREET ADDRESS 1610 Central	
3. NAME OF DECEASED (Type or print) JOHN ARDEL DAVIS		4. DATE OF DEATH Oct. 29, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 12, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Owner		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Chester, Illinois
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Elizabeth Davis Address 1610 Central
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory failure DUE TO (b) Myocardial Insufficiency DUE TO (c) Degenerative changes following fracture of left hip PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (d)			INTERVAL BETWEEN ONSET AND DEATH 20 hrs. - 2 days 5 days
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell in yard.	
20c. TIME OF INJURY Hour a. m. p. m. 10-23-56		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo.	
21. I attended the deceased from 10-25-56 to 10-29-56 and last saw him alive on 10-29-56 Death occurred at 8:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M.S. Couch (Degree or title) 2		22b. ADDRESS 2501 Hillham	
22c. DATE SIGNED 10-29-56			
23a. BURIAL, CREMATION, OR OTHER (Specify) Burial	23b. DATE 10/31/56	23c. NAME OF CEMETERY OR CREMATORY Highland Park	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR ADDRESS Stine-McClure 3235 Gillham Pl.		25. DATE RECD. BY LOCAL REG. 10-30-56	26. REGISTRAR'S SIGNATURE Reva Minshall

(Licensed Embalmer's Statement on Reverse Side)

000-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. J. W. Carby
12th & Walnut St. Toledo.
No. 1-0962

Dr. TULLY
12th & Walnut St. Toledo

Jan 1 - 9 1913

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 *Eugene L. Hemminger*

Licensed Embalmer No. 46
P. O. Address *Hemminger, Toledo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.