

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018111  
STATE FILE NUMBER 2625

FILED JUN 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3028

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>8715 E. 59th</b>		Length of stay in lb <b>56 Yrs.</b>	
3. NAME OF DECEASED (Type or print) <b>LESTER JULIAN DAVIS</b>		4. DATE OF DEATH Month <b>5</b> Day <b>22</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-10-1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Packer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Curst's Lab.</b>	11. BIRTHPLACE (City and state or country) <b>Fountain City, Indiana</b>
13a. FATHER'S NAME <b>John Ira Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Jane Love</b>	14. NAME OF HUSBAND OR WIFE <b>Daisy M. Davis</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495 09 4280</b>	17. INFORMANT Address <b>Mrs. Daisy M. Davis 8715 E. 59th</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bacterial pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <b>Congestive Heart Failure</b>			<b>3 mo</b>
DUE TO (c) <b>Arterio Sclerotic Heart Disease</b>			<b>8 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>Nov 1950</b> to <b>22 May 58</b> and last saw <sup>him</sup> alive on <b>18 April 58</b> Death occurred at <b>8:23 P. M.</b> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <b>Jack M Davis MD</b> (Degree or title)		22b. ADDRESS <b>Raytown Mo</b>	22c. DATE SIGNED <b>23 May 58</b>
23a. BURIAL, CREMATION, REMAINS (Specify) <b>Burial</b>	23b. DATE <b>5-26-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
24. FUNERAL DIRECTOR <b>FLORAL HILLS MEMORIAL CHAPELS, INC</b>		25. DATE RECD. BY LOCAL REG. <b>5-24-58</b>	26. REGISTRAR'S SIGNATURE <b>reva minshall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Jack M. Davis

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.

*Handwritten notes:*  
- 10/11/10  
H 12-10



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 *R. J. Nofsinger* .....

Licensed Embalmer No. *3938* .....

P. O. Address. *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.