Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029059
STATE FILE NUMBER

FILED AUG 20 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3727

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VA HOSPITAL — Length of stay in Ib 10 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY BUTLER
c. CITY OR TOWN LEON 9150 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1104 N. Olive — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Fredrick Middle L. Last Davis

4. DATE OF DEATH Month August Day 3 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 11-15-27
9. AGE (In years if birthday) 30 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) City Water Supt.
10b. KIND OF BUSINESS OR INDUSTRY unknown
11. BIRTHPLACE (City and state or country) Beaumont, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred B. Davis
13b. MOTHER'S MAIDEN NAME Oral Easton
14. NAME OF HUSBAND OR WIFE Evelyn Charlene Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) Yes 1-30-46 to 3-12-47
16. SOCIAL SECURITY NO. 513-22-9226
17. INFORMANT Official Records, VA Hospital, K.C. , Mo. Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Myocarditis — 4 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

All diseases in Part I must be causally related.

21. I attended the deceased from 7-24-58 to 8-3-58 and last saw him alive on
Death occurred at 10:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. FOROUGHI, M.D. (Degree or title) E. Foroughi MD
22b. ADDRESS VA Hospital, Kansas City, Mo.
22c. DATE SIGNED 8-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8/4/58
23c. NAME OF CEMETERY OR CREMATORY Leon Cemetery
23d. LOCATION (City, town, or county) (State) Leon, Kansas

24. FUNERAL DIRECTOR ADDRESS Geo. F. Porter & Sons K.C.Ks.
25. DATE RECD. BY LOCAL REG. 8-4-58
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

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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 Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th + Main Kansas City

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.