

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036336
Serial No.

FILED NOV 14 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5038

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>QUEEN OF THE WORLD NURS</u>		e. STREET ADDRESS (If rural, give location) <u>2034 College</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GAYLE</u> b. (Middle) <u>PATRICE</u> c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-23-58</u>	
5. SEX <u>GIRL</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D</u>	8. DATE OF BIRTH <u>10-20-58</u>
9. AGE (In years last birthday) <u>3</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WILLIE JAMES DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>JACQUELINE HERRON</u>	
14. NAME OF HUSBAND OR WIFE <u>_____</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>770</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie James Davis, 2034 College</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immaturity Due to Prematurity</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbidity 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>7768</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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)	
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 <u>10-20-58</u> to <u>10-23-58</u> , that I last saw the deceased alive on <u>10-23-58</u> , and that death occurred at <u>5:20 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Leroy Haugh M.D.</u>		23b. ADDRESS <u>2200 E 18th</u>	
23c. DATE SIGNED <u>10/24/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>10-27-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Kans. City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WALKINS BROS 14th & Benton Bldg.</u>	
DATE REC'D BY LOCAL REG. <u>10-27-58</u>		REGISTRAR'S SIGNATURE <u>neva minichall</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>WALKINS BROS 14th & Benton Bldg.</u>		25. FUNERAL DIRECTOR'S ADDRESS	



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 *Bruce R. Watkins*

Licensed Embalmer No... *456*

P. O. Address *18th & Dear*

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.