

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020723

STATE FILE NUMBER

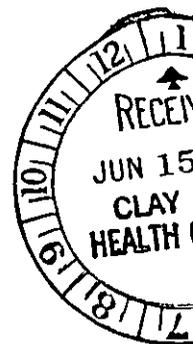
FILED JUN 17 1959 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 107

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clay		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN North Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NKC Memorial		Length of stay in lb 35 min.	d. STREET ADDRESS 821 E 21st.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BABY Middle Last DAVIS			4. DATE OF DEATH Month 6- Day 8- Year 59		
5. SEX ♂	6. COLOR OR RACE Cauc.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-8-59	9. AGE (In years last birthday) Months Days Hours Min. 35	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) North Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Cromer DAVIS		13b. MOTHER'S MAIDEN NAME Carlene L. Reed		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address William Cromer DAVIS		
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perforated duodenum acute.					INTERVAL BETWEEN ONSET AND DEATH 25 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) longstanding ulcer of duodenum & 2nd. duodenum.					
DUE TO (c) chronic gastritis.					
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 <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.) 7561			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 6-8-59 to 6-8-59 and last saw him alive on 6-8-59 . Death occurred at 4:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE William Langhous M.D. (Degree or title)			22b. ADDRESS 10 Kansas St. Mo		22c. DATE SIGNED 6-8-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery		23d. LOCATION (City, town, or county) (State) Lebanon, Missouri	
24. FUNERAL DIRECTOR Palmer Funeral Home, Lebanon, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 6-8-59	26. REGISTRAR'S SIGNATURE Marguerite Hudgens	



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

Licensed Embalmer No.....

P. O. Address.....

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.