

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029034

FILED VS AUG 21 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3839 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b unknown	c. CITY OR TOWN Mission Woods		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital			d. STREET ADDRESS (If outside, give location) 2109 W. 50th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Carl Middle W. Last Davis			4. DATE OF DEATH Month Aug. Day 5, Year 1959			
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 Sept. 17, 1886	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Dist. Manager Int. Harvester Co.	11. BIRTHPLACE (City and state or country) Salmon Idaho	12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME James M. Davis		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Hazel Davis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 511-03=8610	17. INFORMANT Address Hazel Davis, 2109 W. 50th St., K.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Myocardial infarction					6 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis					10 yrs	
DUE TO (c) Arteriosclerosis					10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m.	Month, Day, Year					
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 Aug 5 1959 to Aug 5 1959 and last saw ^{her} him alive on Aug 5 1959 Death occurred at 8:47 P m on the date stated above, and to the best of my knowledge, from the causes stated.						
22. SIGNATURE Barbara Florehelm M.D. (Degree or title)			22b. ADDRESS Kansas City Mo		22c. DATE SIGNED 8/7/59	
23a. BURIAL, CREMATION, or other disposal (Specify) Burial	23b. DATE 8/8/59	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) Kansas City Mo. (State)			
24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 8-8-59	26. REGISTRAR'S SIGNATURE Neva Minshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Warren F. Willhelm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Thomas A. Keel

Licensed Embalmer No. 4995

P. O. Address D.C., Md

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.

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PART 1

PART 2

PART 3

PART 4

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