

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020034
3004 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	Rev. 4/59									
1		DATE AMENDED									
2		INSTEAD OF									
3		DOCUMENT									
4			MEDICAL CERTIFICATION								
5				BY AFFIDAVIT OF							
6					Lawrence Johnson						
7						SHOULD READ					
8							ITEM NO.				
9								SHOULD BE			
10									SHOULD BE		
11										SHOULD BE	
12											SHOULD BE
13	SHOULD BE										

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. <u>149</u>		Primary Registration District No. <u>1002</u>		Registrar's No. <u>3004</u>	
FILED JUN 7 1963					
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, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>43 years</u>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>918 East 30th</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ARTHUR A. DAVIS SR.</u>		4. DATE OF DEATH Month Day Year <u>MAY 24, 1963</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-3-03</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Parking lot owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Parking</u>	11. BIRTHPLACE (City and state or country) <u>Lincoln Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George W. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Mirtle Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Eva Davis</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.	17. INFORMANT <u>Arthur Davis Jr. 4013 Valley Way</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BACTEREMIA (PSEUDOMONAS)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>MULTIPLE MYELOMA</u>					<u>< 1 year</u>
DUE TO (c) _____					
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 <u>6 JAN 1963</u> to <u>24 MAY 1963</u> and last saw ^{her} him alive on <u>24 MAY, 1963</u> Death occurred at <u>9 30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>C. Lawrence Johnson, M.D.</u>			22b. ADDRESS <u>1316 Professional Bldg KC-6 Mo</u>		22c. DATE SIGNED <u>25 May '63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>May 27-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Palestine Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Raytown Missouri</u>		
24. FUNERAL DIRECTOR <u>Muehlebach</u>		ADDRESS <u>6800 Troost</u>	25. DATE RECD. BY/LOCAL REG. <u>5-27-63</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

W.B. COLE 11/19

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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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address R. E. Nichols

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.