

FILED JUN 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19115

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6085 Registrar's No. 8110

1. PLACE OF DEATH  
a. COUNTY *Saline*

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission).  
a. STATE *Mo* b. COUNTY *Saline*

b. CITY OR TOWN *Rural - Clay* c. LENGTH OF STAY (in this place) *60 years*

c. CITY (If outside corporate limits, write RURAL and give township OR TOWN *Rural - Clay Township*)

d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION *16 miles Southeast Saline Mo*

d. STREET ADDRESS (If rural, give location) *16 Miles Southeast Saline Mo*

3. NAME OF DECEASED  
a. (First) *SAMUEL* b. (Middle) *GERRY* c. (Last) *DAVIS*

4. DATE OF DEATH (Month) (Day) (Year) *May 25 - 1951*

5. SEX *Male* 6. COLOR OR RACE *White* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *married* 8. DATE OF BIRTH *Sept 28 1880* 9. AGE (In years last birthday) *71-0-27* 10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) *Carpenter* 11. KIND OF BUSINESS OR INDUSTRY *General* 12. CITIZENSHIP OF WHAT COUNTRY *USA*

13a. FATHER'S NAME *Albert Davis* 13b. MOTHER'S MAIDEN NAME *Sarah Jane Johnson* 14. NAME OF HUSBAND OR WIFE *Ernie 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. *498-27-8384* 17. INFORMANT'S SIGNATURE OR NAME ADDRESS *Lucille Davis, Saline Mo*

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) *Melanocarcinoma - Metastasis*

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) *Primary on nose*

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH *1 year*

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) *191X*

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from *April 1950*, to *May 25, 1951*, that I last saw the deceased alive on *May 24, 1951*, and that death occurred at *4 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *C. C. Furney MD* 23b. ADDRESS *Saline Mo* 23c. DATE SIGNED *5/26/51*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *May 27 1951* 24c. NAME OF CEMETERY OR CREMATORY *Saline City* 24d. LOCATION (City, town, or county) (State) *Saline Mo*

DATE REC'D BY LOCAL REG. *May 26 - 1951* REGISTRAR'S SIGNATURE *Sidney T. Gray* 385 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *James Salzer, Saline Mo*

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

RECEIVED 6-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 6-5-51

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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3143

P. O. Address Slater, Mo

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 this body is not embalmed, fact should be so stated above.