

No. 300  
10-48

FILED FEB 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1638

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5222 Registrar's No. 12

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) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (In this place) <u>3 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>53rd &amp; Noland Rd RFD #4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>53rd &amp; Noland Rd RFD #4</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Weldon</u> b. (Middle) <u>Bailey</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 22, 1892</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Building cleaning</u>	11. BIRTHPLACE (State or foreign country) <u>Tioga Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Daniel Boone Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Warren</u>	14. NAME OF HUSBAND OR WIFE <u>Beulah D. Davis</u>
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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>491-20-3868</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Beulah D Davis</u> ADDRESS <u>53rd &amp; Noland Rd. RFD #4 Independence, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>  <u>unknown</u>  <u>unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>arteriosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from July, 1950, to Jan 19, 1952, that I last saw the deceased alive on 13 Jan, 1952, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. Saunders MD</u>	23b. ADDRESS <u>Independence</u>	23c. DATE SIGNED <u>1-19-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN-21-1952</u>	24c. NAME OF CEMETERY OR-CREMATORY <u>CAMDENPOINT CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CAMDEN POINT MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>1-20-52</u>	REGISTRAR'S SIGNATURE <u>Donald C. Earnhardt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newsome's Sons</u> ADDRESS <u>1731 Brush Creek Kansas City Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 31 REC'D

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *John R. Sidman*  
Licensed Embalmer No. *4531*  
P. O. Address *Kansas City, 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.