

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

43039

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5923 Registrar's No. 406

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0810</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>Buena Vista Home</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buena Vista Home</u> | | | |

| | | | | | |
|---|--------------------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>DAVIS</u> c. (Last) <u>DAVIS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28 1952</u> | | |
| 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>Sept 15-1862</u> | | 9. AGE (In years last birthday) <u>90</u> If UNDER 1 YEAR: Months <u>3</u> Days <u>19</u> If UNDER 1 Mth. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mechanic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>California Mo</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |

| | | | | | |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Nancy Elizabeth 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'S SIGNATURE OR NAME <u>Mrs Elizabeth Kenyon</u> ADDRESS <u>1613 Ely Court Detroit Mich</u> | |

| | | | |
|--|--|--|---|
| 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>Myelomeningitis Virus Infection</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | 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>481X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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) |
| 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? |

22. I hereby certify that I attended the deceased from Nov 24, 1952 to Nov 28, 1952, that I last saw the deceased alive on Nov 24, 1952, and that death occurred at 8 a.m., from the causes and on the date stated above.

| | | | | | |
|--|---|---|--|---|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Sedalia</u> | | 23c. DATE SIGNED <u>12/29-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-30-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Burkinton cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Burkinton Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>12-30-52</u> | REGISTRAR'S SIGNATURE <u>X A J C Campbell M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Laughlin Bros</u> ADDRESS <u>Sedalia</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

1800

0
0

FILED JAN 5 1953

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 _____

James R. Asbren

Student Embalmer No. *477*

working under my personal supervision.

Student *James R. Asbren*
Student Embalmer

Signed *Philip M. Laughlin*

Licensed Embalmer No. *3729*

P. O. Address *Sedalia, 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.