

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **5114**

FILED MAR 11 1953

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) Harrisonville	c. LENGTH OF STAY (in this place) 34 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Harrisonville 0191	
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 W. Pearl		d. STREET ADDRESS (If rural, give location) 304 So. Street	

3. NAME OF DECEASED (Type or Print) a. (First) Richard Eugene b. (Middle) Davis c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) Mar 3 - 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 22 - 1913	9. AGE (In years last birthday) 39	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 10 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer.		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (City and State or Foreign Country) Harrisonville, Mo.		12. CITIZEN OF WHAT COUNTRY USA.	

13a. FATHER'S NAME Redmond J. Davis		13b. MOTHER'S MAIDEN NAME Sarah E. Davis		14. NAME OF MARRIAGE OR WIFE Katherine Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give kind of service) Yes #2 Sept. 29 - 1945		16. SOCIAL SECURITY NO. 496-01-1898		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Opal Albertis Harrisonville 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cumulatory colapser		INTERVAL BETWEEN ONSET AND DEATH Sudden
	ANTECEDENT CAUSES DUE TO (b) Rebrium Tumors		
	DUE TO (c) Chronic Alcoholism -		
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 3221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **3-2-**, 1953, to **3-3-**, 1953, that I last saw the deceased alive on **3-2-**, 1953, and that death occurred at **3 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward S. Jones, MD		23b. ADDRESS Harrisonville, Mo		23c. DATE SIGNED 3-4-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Mar 5 - 1953	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	24d. LOCATION (City, town, or county) (State) Harrisonville Mo	
DATE REC'D BY LOCAL REG. Mar 5, 1953	REGISTRAR'S SIGNATURE Nora Barwad	25. FUNERAL DIRECTOR'S SIGNATURE William J. ...		ADDRESS Harrisonville Mo.

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

0191

APR 8 1953

RECEIVED
MAR 7
CASS COUNTY
HEALTH DEPARTMENT

MAR 12 1952

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 *Floyd Christensen*

Licensed Embalmer No. *3870*

P. O. Address *Perreenville*

No.

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.