

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27404**

FILED AUG 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **125**

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

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>R#1 Bell City, Mo</b>	
c. LENGTH OF STAY (in this place) <b>3 Wks</b>		1030	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>134 Bynum Sikeston, Mo</b>		d. STREET ADDRESS _____	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Melvin</b> b. (Middle) <b>Harry</b> c. (Last) <b>Davis</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 14 1953</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>9/14/98</b>
9. AGE (in years last birthday) <b>54</b>		IF UNDER 1 YEAR: Months <b>10</b> Days <b>0</b>	IF UNDER 1 MIN. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Davis</b>	
13b. MOTHER'S MAIDEN NAME <b>Laura King</b>		14. NAME OF HUSBAND OR WIFE <b>Jewell Davis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Jewell Davis</b>		ADDRESS <b>R#1 Bell City Mo</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic carcinoma, lesser omentum.</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 Weeks</b>  ANTECEDENT CAUSES DUE TO (b) <b>Adenocarcinoma stomach</b> <b>3 Years</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>151X</b>	
19a. DATE OF OPERATION <b>6-16-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Metastatic carcinoma, lesser omentum (stomach)</b>	
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 <b>January 19 50</b> to <b>July 14 1953</b> , that I last saw the deceased alive on <b>July 6, 1953</b> , and that death occurred at <b>2:15 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>William J. Ferguson, M.D.</b> (Degree or title)		23b. ADDRESS <b>517 S Kingshighway Sikeston, Missouri</b>	
23c. DATE SIGNED <b>7-17-53</b>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>7/15/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>Sikeston Mo</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>Missouri</b> ADDRESS _____	
DATE REC'D BY LOCAL REG. <b>8-6-53</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b> 424	
26. (Licensed Embalmer's Statement on Reverse Side)		27. _____	

RECEIVED AUG 10 1953  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 50-3-183

**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

*John Alenton*

Licensed Embalmer No. 2941

P. O. Address *St. Joseph*

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.