FILED AUG 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28433

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4228 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glasgow
c. LENGTH OF STAY (In this place) Lye
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glasgow 0450
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) — c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1953

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 22, 1893
9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employee
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (City and State or Foreign Country) Glasgow Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Larkin Davis
13b. MOTHER'S MAIDEN NAME Sally ? ? ?
14. NAME OF HUSBAND OR WIFE Jessie Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. I
16. SOCIAL SECURITY NO. Not Available
17. INFORMANT'S SIGNATURE OR NAME Mrs. Walter Davis ADDRESS Glasgow 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 2 yrs?

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 Hepatitis metastasis of Carcinoma of Stomach — 3 mo.

19a. DATE OF OPERATION Oct. 24, 1951
19b. MAJOR FINDINGS OF OPERATION Carcinoma Stomach 151X
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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 Sept 1951, to Aug 11, 1953, that I last saw the deceased alive on 8-11 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Baldwin M.D. (Degree or title)
23b. ADDRESS Glasgow Mo.
23c. DATE SIGNED 8-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 14, 1953
24c. NAME OF CEMETERY OR CREMATORY Lincoln
24d. LOCATION (City, town, or county) Glasgow Mo. (State)

DATE REC'D BY LOCAL REG. 8-18-53
REGISTRAR'S SIGNATURE Walker Audsley 410
25. FUNERAL DIRECTOR'S SIGNATURE Audsley-Friemont ADDRESS Glasgow Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 11 1953

OCT 13 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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed E. L. Freemouth

Licensed Embalmer No. 3978

P. O. Address Glasgow M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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