

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberal</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0060</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>H.</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 7, 1954</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>July 7, 1875</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	

13a. FATHER'S NAME <u>George Washington Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Maynard</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Glen Davis, Iantha, Missouri</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bright's Disease</u>		INTERVAL BETWEEN ONSET AND DEATH	

18. CAUSE OF DEATH (continued)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bright's Disease</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) <u>Hypertension</u>			
DUE TO (c) <u>0</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>0</u>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Liberal Barton Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>0</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>593 X</u>	

22. I hereby certify that I attended the deceased from 1/7, 1954, to 1/7, 1954, that I last saw the deceased alive on 1954, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. G. Eddlemore</u>		(Degree or title) <u>0</u>		23b. ADDRESS <u>Liberal Mo</u>	
23c. DATE SIGNED <u>1/7/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 10, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Iantha Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Iantha Liberal Mo</u>		DATE REC'D BY LOCAL REG. <u>Jan 8 1954</u>	
REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home, Lamar, Mo.</u>		ADDRESS <u>Chiles Funeral Home, Lamar, Mo.</u>	

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

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 *Clarence W. Clark* _____

Licensed Embalmer No. *3472* _____

P. O. Address *Lena 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.