

STANDARD CERTIFICATE OF DEATH

3804

State File No. \_\_\_\_\_

FILED JAN 11 1954

BIRTH NO. _____		REG. DIST. NO. <u>371</u>		PRIMARY REG. DIST. NO. <u>6260</u>		Registrar's No. <u>1</u>			
1. PLACE OF DEATH a. COUNTY <u>WEBSTER.</u> <u>1120</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> <u>WEBSTER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DIGGINS Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DIGGINS</u> <u>1120</u>		d. STREET ADDRESS (If rural, give location) <u>MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Dales Camp -</u>				d. STREET ADDRESS (If rural, give location) <u>MO</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLEVELAND</u>			b. (Middle)		c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-4-1954</u>		
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH (If under 1 year last birthday) <u>DEC. 20 1935</u>		9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>18</u>	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>2</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WEBSTER MO</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Ida. Halfield</u>			14. NAME OF HUSBAND OR WIFE <u>2</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>MO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ida Davis Diggins</u> ADDRESS <u>MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inanition and Debilitation</u> DUE TO (c) <u>Lymphosarcoma Parotid Gland</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>6 months</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>14021</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)		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 <u>July</u> , 19 <u>53</u> , to <u>Jan 4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Jan 4</u> , 19 <u>54</u> , and that death occurred at <u>2:54 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. F. Mahaffey D.O.</u>				23b. ADDRESS <u>Seymour, Missouri</u>			23c. DATE SIGNED <u>1-6-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-7-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MANSFIELD</u>		24d. LOCATION (City, town, or county) (State) <u>WRIGHT CO MO</u>			
25. DATE REC'D BY LOCAL REG. <u>1-9-54</u>		REGISTRAR'S SIGNATURE <u>Opal M. Good</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rafel B. Bagnone Seymour 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 Don L. Ferrell

Licensed Embalmer No. 4847

P. O. Address Mansfield, 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.