

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4174**
Registrar's No. **52**

BIRTH NO. **FILED MAR 1 1954** REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton, Mo.		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 26 1/2 - 9M - 15D		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #1		e. STREET ADDRESS (If rural, give location) 3415 White Ave. 3598	

3. NAME OF DECEASED (Type or Print) a. (First) Marcus	b. (Middle) X	c. (Last) Davis	4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED / NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH May 6, 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 9 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor & Builder	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTH PLACE (City and State or Foreign Country) Indiana	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Tom K. Davis	13b. MOTHER'S MAIDEN NAME DK	14. NAME OF HUSBAND OR WIFE DK
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Records of State Hospital #1, Fulton, Mo.	ADDRESS DK
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH DK
	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. 4222		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 17, 1953**, to **Feb 19, 1954**, that I last saw the deceased alive on **Feb 19, 1954**, and that death occurred at **5:40 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE Frank J. Nichols M.D.	(Degree or title)	23b. ADDRESS State Hospital #1, Fulton, Mo.	23c. DATE SIGNED Feb 19, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-23-54	24c. NAME OF CEMETERY OR CREMATORY State Sloop #1	24d. LOCATION (City, town, or county) (State) Fulton, MO
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DATE REC'D BY LOCAL REG. Feb 23-1954	REGISTRAR'S SIGNATURE Maretha Lawrence	4267	25. FUNERAL DIRECTOR'S SIGNATURE W. C. Links	ADDRESS Fulton, Mo
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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.