

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8407

State File No.

BIRTH NO. FILED APR 14 1954 REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 6522 Registrar's No. 18

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Hickory | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Hickory | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cross Timbers | | c. CITY OR TOWN Cross Timbers | |
| c. LENGTH OF STAY (in this place) 40 yrs. | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-------------------------|-------------|------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Ester | b. (Middle) | c. (Last) Davis | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | April 1, 1954 |

| | | | | | | |
|----------------------|-------------------------------|---|---------------------------------------|---|--|---|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 19, 1876 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months 4 Days 12 | IF UNDER 10 HRS. Hours Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home-making | 11. BIRTHPLACE (City and State or Foreign Country) Hickory County, Mo | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|--|--|--|--|

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|---|---|---|
| 13a. FATHER'S NAME Unknown Robbins | 13b. MOTHER'S MAIDEN NAME Lucinda Holt | 14. NAME OF HUSBAND OR WIFE James P. Davis |
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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 Josephine Little | ADDRESS Cross Timbers, Mo. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mercuric poisoning | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardio-vascular disease | | |
| | DUE TO (c) Diabetes | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) | 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) | 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 **Mar 28, 1954**, to **April 1, 1954**, that I last saw the deceased alive on **Mar 29, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|----------------------------------|---------------------------------------|
| 23a. SIGNATURE (Degree or title) C. J. Bailey 2d | 23b. ADDRESS Hickory, Mo. | 23c. DATE SIGNED April 1, 1954 |
|---|----------------------------------|---------------------------------------|

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|---|-------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 4/4/54 | 24c. NAME OF CEMETERY OR CREMATORY Davis Cemetery | 24d. LOCATION (City, town, or county) (State) Rural Hickory County, Mo. |
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| DATE REC'D BY LOCAL REG. 4-9-1954 | REGISTRAR'S SIGNATURE Mary Johnson | 25. FUNERAL DIRECTOR'S SIGNATURE William Edwards | ADDRESS Mo. |
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APR 15 1954

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 *P. E. Baker*.....

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.