

No. 300
10-48
20

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11090

State File No.

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>	
c. LENGTH OF STAY (In this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>008D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Comm. Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CLIFFORD</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>DAVIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1954</u>
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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>April 3, 1898</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bulldozer operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dale Twsp.</u>	11. BIRTHPLACE (State or foreign country) <u>Atchison Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Thurman Lee Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Geneva Walker</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy Lucille Davis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>54I-I4-0906</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dorothy Davis</u>	ADDRESS <u>Fairfax Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Starvation (Nutritional failure)</u>		<u>3 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dracaco-esophageal fistula</u>		<u>2 mos.</u>
DUE TO (c) <u>Carcinoma of larynx</u>		<u>18 mos.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Jan 1, 1953, to April 10, 1954, that I last saw the deceased alive on 4/10, 1954, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James L. Coffey, M.D.</u>	23b. ADDRESS <u>Fairfax Mo.</u>	23c. DATE SIGNED <u>4/14/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 12, 1954</u>	24c. NAME OF CEMETERY <u>Pleasant Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Fairfax Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 14 1954</u>	REGISTRAR'S SIGNATURE <u>Marvin A. Schaefer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schooler Funeral Home</u>	ADDRESS <u>Fairfax Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

10000 2

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 *Marvin H. Schuster*

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, Virginia*

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.