

FILED JUN 2-9 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19954

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>		c. CITY OR TOWN <u>Bolivar</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>8 yrs</u>		e. STREET ADDRESS (If rural, give locality) <u>Summitt St. 0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Summitt St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Charles Otto Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 18 1885</u>
9. AGE (in years last birthday) <u>69</u>		10. IF UNDER 1 YEAR <u>4</u>	11. IF UNDER 1 HR. <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Business Near Bolivar Mo</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joshua Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary M. Odum</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Muel Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Muel Davis</u>		ADDRESS <u>Bolivar Mo</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>Anaplastic Carcinoma of Urinary Bladder</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) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>181 X</u>	
19a. DATE OF OPERATION <u>3/25/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Anaplastic Carcinoma of bladder removed</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>3-21-</u> 19 <u>54</u> to <u>June 14, 1954</u> , that I last saw the deceased alive on <u>June 14, 1954</u> , and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. D. Smith M.D.</u>		23b. ADDRESS <u>Bolivar Mo.</u>	
23c. DATE SIGNED <u>6/22/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 17 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. View Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Polk Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-25-1954</u>		REGISTRAR'S SIGNATURE <u>Ralph Gardner, Jewell Davis, Orville &amp; Blue</u>	
FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	

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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 *Chas J. Ester*.....  
Licensed Embalmer No. *413*.....  
P. O. Address *Bolivar*.....

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.