

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>145</u>							
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Mo</u>				b. COUNTY <u>Texas</u>					
b. CITY OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Licking</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memorial</u>				e. STREET ADDRESS (If rural, give location) <u>2 MI. SE. of Licking Mo</u>				1090					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Franklin</u>			c. (Last) <u>DAVIS</u>			DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1954</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 13, 1889</u>		9. AGE (In years, last birthday) <u>64</u>		UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work comprising most of working life, even if retired) <u>Paint Sprayer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Texas Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Uel Davis</u>				13b. MOTHER'S MAIDEN NAME <u>Delphia Baker</u>				14. NAME OF HUSBAND OR WIFE <u>Ada Davis</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>32510-8239</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Davis Jr.</u>				ADDRESS <u>Licking</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>Coronary Occlusion</u> 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.								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				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)				4201					
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?									
22. I hereby certify that I attended the deceased from <u>7/30</u> , 19 <u>54</u> to <u>7/30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/30</u> , 19 <u>54</u> , and that death occurred at <u>6:45 P.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Wm R. Taylor MD</u> (Degree or title)						23b. ADDRESS <u>Rolla Mo</u>			23c. DATE SIGNED <u>8/5/54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 2, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boone Creek</u>				24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo</u>					
DATE REC'D BY LOCAL REG. <u>Aug 2, 1954</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>				380		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith F. Ferguson</u>				ADDRESS <u>Licking Mo</u>	

Date Filed AUG 10 1954
File Number

SEP 10 1954

AUG 12 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 Hubert E Ferguson

Licensed Embalmer No. 394

P. O. Address Licking

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.