

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED NOV 1 - 1954

State File No. **32912**

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4069</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>SAVANNAH</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St Joseph</u>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SAVANNAH FAIR GROUNDS</u>				e. STREET ADDRESS (If rural, give location) <u>King Hill + Virginia St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACK</u>		b. (Middle) <u>Gilmore</u>		c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 17 - 1954</u>	
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>8-16-1930</u>	
9. AGE (In years last birthday) <u>24</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>1</u>		IF UNDER 12 HRS Hours <u>1</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Ribany mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Cleo Davis</u>			13b. MOTHER'S MAIDEN NAME <u>MURIAL Green</u>			14. NAME OF HUSBAND OR WIFE <u>ADIANA DAVIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>Korean</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cleo Davis</u>		ADDRESS <u>828 S 9th St. Joseph mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>0</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basilar Skull Fracture</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) _____					
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road near</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Savannah Buchanan mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 17 54 30m</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Rare Car accident</u>			
22. I hereby certify that I attended the deceased from <u>10-17, 1954</u> , to <u>10-17, 1954</u> , that I last saw the deceased <u>deceased</u> on <u>10-17, 1954</u> , and that death occurred at <u>30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Donald C. Lewis M.D.</u>				23b. ADDRESS <u>Savannah mo</u>		23c. DATE SIGNED <u>10-18-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rupp Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph mo</u>	
DATE REC'D BY LOCAL REG. <u>10-19-54</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks - 2-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home SAVANNAH mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

X
No. 300
10.48

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MAR 16 1956

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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 *E. C. Breit*.....

Licensed Embalmer No. *265*

P. O. Address *Savanna*

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.