

FILED OCT 8¹⁰ 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29004**
Registrar's No. **1068**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1068	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 70 yrs.		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 503 N. 5th Street				e. STREET ADDRESS (If rural, give location) 503 N. 5th Street			
3. NAME OF DECEASED (Type or Print) a. (First) W. b. (Middle) True c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) October 1, 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25, 1869		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chairman Board of Directors		10b. KIND OF BUSINESS OR INDUSTRY Anchor Serum Co.		11. BIRTHPLACE (City and State or Foreign Country) Platte Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Frank Davis		13b. MOTHER'S MAIDEN NAME Virginia Bird Asbury		14. NAME OF HUSBAND OR WIFE Helen M. Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-14-8964		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen M. Davis St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 157X DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, general					INTERVAL BETWEEN ONSET AND DEATH 3 months unknown	
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)	
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 March 18, 1955 , to Oct. 1, 1955 , that I last saw the deceased alive on Oct. 1, 1955 , and that death occurred at 9:10P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Allen Sferman M. D.				23b. ADDRESS 706 Francis, St. Joseph, Mo.		23c. DATE SIGNED 10/3/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 4, 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		
DATE REC'D BY LOCAL REG. Oct. 6, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Meyerhoff & Solomon, Inc.		ADDRESS St. Joseph, Mo	

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

DEC 29 1958

APR 27 1958

DEC 29 1958

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 *Edward R. Harrington*.....

Licensed Embalmer No. 3258 M.

P. O. Address St. Joseph, M.

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.