

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1956

State File No. **5239**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Independence	c. LENGTH OF STAY (in this place) 9 months	c. CITY OR TOWN Independence	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1600 South McCoy		f. STREET ADDRESS (If rural, give location) 1600 South McCoy	

3. NAME OF DECEASED a. (First) Maria (Type or Print)		b. (Middle) (Mary)		c. (Last) H. Davis		4. DATE OF DEATH (Month) Feb. (Day) 6 (Year) 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 13, 1929	9. AGE (In years last birthday) 26	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) House wife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and State or Foreign Country) Wessel North Dakota		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Horgdal		13b. MOTHER'S MAIDEN NAME Anna Olason		14. NAME OF HUSBAND OR WIFE Daniel J. 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. None		17. INFORMANT'S SIGNATURE OR NAME Daniel J. Davis	
				ADDRESS Indep. Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory depression		INTERVAL BETWEEN ONSET AND DEATH 2-4 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastatic melanoma		
	DUE TO (c)		
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 190x	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 **May**, 19**55**, to **Feb.**, 19**56**, that I last saw the deceased alive on **Feb 4, 1956**, and that death occurred at **2:30 am.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Paul Bachmann, M.D.	23b. ADDRESS Independence Mo	23c. DATE SIGNED 2-6-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb 7, 1956	24c. NAME OF CEMETERY OR CREMATORY Olympia Washington	24d. LOCATION (City, town, or county) (State) Washington
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DATE REC'D BY LOCAL REG. 2-7-56	REGISTRAR'S SIGNATURE Herman [Signature]	354	25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks	ADDRESS Indep. Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *A. Bennett Patterson*

Licensed Embalmer No. *469*

P. O. Address *Indep. Mo.*

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.