

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9657

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>3037</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt Vernon</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY OR TOWN <u>Mt Vernon</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>Home 910 Walnut St</u>				e. STREET ADDRESS (If rural, give location) <u>910 Walnut St 0550</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>S</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-5-1956</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>July-7-1867</u>	
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>88</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Howell County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Marion Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Elsie Chapin</u>		14. NAME OF HUSBAND OR WIFE <u>Betty P Davis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chie Smith Mt Vernon Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		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, asthenia, etc. It means the disease, injury, or complication which caused death.					INTERVAL BETWEEN ONSET AND DEATH <u>St Mo 5/7/56</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Myocardial Failure</u>		MEDICAL CERTIFICATION <u>of Chn. Myocardites</u> <u>Chn. Nephritis</u> <u>Senility</u>					II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>Post-prostatectomy</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)	
21d. TIME OF INJURY		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>6/2</u> 19 <u>52</u> , to <u>3/5</u> 19 <u>56</u> , that I last saw the deceased alive on <u>2/23</u> 19 <u>56</u> , and that death occurred at <u>5:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Emmett Glover MD</u> (Degree or title)				23b. ADDRESS <u>Mt. Vernon, Mo</u>		23c. DATE SIGNED <u>3/6/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pottersville Mo. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pottersville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar-7-1956</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Max L. Fournet Mt Vernon Mo</u>			

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

4110

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 *Max L Fossett*

Licensed Embalmer No. *425*

P. O. Address *William Mc*

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.