

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13565**

FILED APR 25 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5575** Registrar's No. **33**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Washington</b>		c. CITY OR TOWN <b>Hickman Mills</b>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>28 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>112<sup>th</sup> &amp; Grandview Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>112<sup>th</sup> &amp; Grandview Road</b>			
3. NAME OF DECEASED (First) <b>Charles</b> (Middle) <b>Davenport</b> (Last) <b>Davis Sr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-22-57</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-21-1887</b>
9. AGE (In years last birthday) <b>70</b>		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Broker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>William S. Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Alice M. Malone</b>	14. NAME OF HUSBAND OR WIFE <b>Nora Olive Davis</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, do, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <b>Nora Olive Davis, Hickman Mills Mo.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic Coma</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes mellitus</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260x</b>	
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 <b>4-21</b> , 1957, to <b>4-22</b> , 1957, that I last saw the deceased alive on <b>4-21</b> , 1957, and that death occurred at <b>7:10 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>N. L. Ketterman M.D.</b>		23b. ADDRESS <b>Hickman Mills, Mo</b>	
23c. DATE SIGNED <b>4-22-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>4-24-57</b>		24b. DATE <b>4-24-57</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mercer County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-22-57</b>		REGISTRAR'S SIGNATURE <b>Sterling G. Goddard</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Harshburger Funeral Home, Marshall Mo.</b>		ADDRESS <b>Marshall Mo.</b>	

RECEIVED  
APR 24 1957

MAY 29 1957

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 *Stewart E. Goddard*.....

Licensed Embalmer No. 4911

P. O. Address *Grandview*.....

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.