THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 28408

FILED AUG 30 1957

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 357

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Inside Limits Yes ☐ X No ☐	c. CITY OR TOWN Liberty 600/2 — Inside Limits Yes ☐ X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Independence Hosp. — Length of stay in 1b: 4 hours	d. STREET ADDRESS (If outside, give location) 457 E. Franklin — Reside on Farm Yes ☐ No ☐ X

3. NAME OF DECEASED (Type or print) First: Baby — Middle: — Last: Davis			4. DATE OF DEATH Month Day Year: Aug. 1, 1957
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Aug. 1, 1957
9. AGE (In years last birthday): 0	IF UNDER 1 YEAR: Months 0, Days 0	IF UNDER 24 HRS.: Hours 3, Min. 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): Independence, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: W. G. Davis		14. MOTHER'S MAIDEN NAME: Sherley Pierce	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: none	17. INFORMANT Address: W. G. Davis Liberty, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Anencephaly — INTERVAL BETWEEN ONSET AND DEATH: Congenital

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Encephalocele.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 750X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/1/57 to 8/1/57 and last saw him alive on 8/1/57

Death occurred at 7 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: William L Cox MD (Degree or title)	22b. ADDRESS: Liberty Mo.	22c. DATE SIGNED: 8/2/57
23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 8-3-57	23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
23d. LOCATION (City, town, or county) (State): Liberty, Mo.		
24. FUNERAL DIRECTOR: Tyler-Pasley	ADDRESS: Liberty, Mo.	25. DATE REC'D. BY LOCAL REG.: 8-3-57
26. REGISTRAR'S SIGNATURE: [signature]		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Parley

Licensed Embalmer No. 43

P. O. Address Liberty

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.