

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020067  
STATE FILE NUMBER

Health,  
& Welfare  
Public  
Service

FILED JUN 2 1959 Registration District No. 322 Primary Registration District No. 6088 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <b>Miami township</b>		c. CITY OR TOWN <b>Miami</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.F.D. No. 2</b>		d. STREET (If outside, give location) ADDRESS <b>R.F.D.No. 2</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Sylvia Ann Davis</b>		4. DATE OF DEATH Month Day Year <b>May 28th 1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 9th 1954</b>
9. AGE (In years last birthday) <b>5</b>		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Miami Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>J.D.Davis Jr.</b>	
13b. MOTHER'S MAIDEN NAME <b>Majorie Ann Scott</b>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>J.D.Davis Jr. Miami Missouri R.F.D.No. 2</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>meningococci (since birth)</b>		since Birth	
DUE TO (c) <b>Bilateral club feet.</b>		<b>751X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Has had no control of kidneys or bowels since Birth</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <b>Feb 9 1954</b> to <b>May 28 59</b> and last saw her <sup>her</sup> <del>him</del> alive on <b>May 27 1959</b> Death occurred at <b>10-50 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Richard Nuckles Do.</b> (Degree or title)		22b. ADDRESS <b>Marshall. Mo</b>	22c. DATE SIGNED <b>5-29-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 30, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Miami cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Miami Missouri</b>
24. FUNERAL DIRECTOR <b>Campbell-Lewis, Marshall, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 30, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. E. C. Metz</b>

(Licensed Embalmer's Stamp on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 embalmed by me, ~~or by~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *RW Campbell Jr.*

Licensed Embalmer No. *3469*

P. O. Address *Marshall, N*

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.