

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13596  
State File No. \_\_\_\_\_

FILED APR 26 1956

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>170</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>20 days</u>		c. CITY OR TOWN <u>Independence</u>		d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>				f. STREET ADDRESS (If rural, give location) <u>328 South Grand</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Arthur</u>		c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 5 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 4 - 1859</u>	
9. AGE (In years last birthday) <u>97</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Missionary</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Myerthor Vale, British Isles</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John T. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Calherine Ann Arthur</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Smith Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Freda Melburn Indep. Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>about 3 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General weakness and inability to swallow without choking</u> DUE TO (c) <u>Asterthrosis of cervical spine &amp; hands</u> 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		20. AUTOPSY? YES <input checked="" 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)		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>June 10, 1949</u> , to <u>April 5, 1956</u> , that I last saw the deceased alive on <u>April 4, 1956</u> and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Cathel Watson</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>129 W. Lexington Independence Mo</u>		23c. DATE SIGNED <u>4-8-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-7-56</u>		REGISTRAR'S SIGNATURE <u>James K. Stiles</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Poland R. Speaks Indep. Mo</u>			

(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 *Raymond M. Hardy*.....

Licensed Embalmer No. *49*.....

P. O. Address *Indep.*.....

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.