

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14943

State File No.

BIRTH NO. 902-54 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 488

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. Meth Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>NO. MAIN</u>	

3. NAME OF DECEASED (Type or Print) g. (First) <u>Vicki</u> b. (Middle) <u>LYNN</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11 1954</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>Jan 2 1954</u>		9. AGE (In years last birthday) <u>4</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John William Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Pawlett Whitel</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
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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 <u>John Davis</u> ADDRESS <u>Plattsburg MO</u>	
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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) <u>asphyxiation due to aspiration of emesis</u>				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) <u>emesis</u>				<u>10-12 hours</u>	
		DUE TO (c) <u>Acute upper respiratory infection</u>				<u>3-4 days</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>475 X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from May 11, 1954, to May 11, 1954, that I last saw the deceased alive on May 11, 1954, and that death occurred at 8:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John P. Mabey M.D.</u>		23b. ADDRESS <u>Plattsburg, Mo.</u>		23c. DATE SIGNED <u>5-11-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/13/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>May 12, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		485 FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Lyon</u> ADDRESS <u>Plattsburg, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Danell R. Lyon

Signed.....
Student Embalmer

Licensed Embalmer No. 3640

P. O. Address Plattsburg, MD.

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 this body is not embalmed, fact should be so stated above. (X)