

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22124

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 825

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>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>	c. CITY OR TOWN <u>St. Joseph</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2706 Felix Street</u>		e. STREET ADDRESS (If rural, give location) <u>2706 Felix Street</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Joseph</u>	b. (Middle) <u>Burrows</u>	c. (Last) <u>Davisson</u>	(Month) <u>July</u>	(Day) <u>21,</u>	(Year) <u>1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>December 18, 1894</u>	9. AGE (In years last birthday) <u>59</u>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Packing House</u>		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <u>Bethany, Missouri.</u>	
13a. FATHER'S NAME <u>Samuel P. Davisson</u>			13b. MOTHER'S MAIDEN NAME <u>Garrett Burrows</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Davisson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-10-2384</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marvin F. Gench</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
			DUE TO (b) <u>Carcinoma of recto-sigmoid (colon)</u>		<u>15 months</u>
			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>5-20-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>As 1 B. above.</u>			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) (Min.)		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>5-11</u> , 19 <u>53</u> , to <u>2-25</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-25</u> , 19 <u>54</u> , and that death occurred at <u>3:00A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Gordon C. Sauer, M. D.</u>			23b. ADDRESS <u>902 Edmond, St. Joseph, Mo.</u>		23c. DATE SIGNED <u>7-22-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 25, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>July 26, 1954</u>		REGISTRAR'S SIGNATURE <u>Ether M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maunel H. Hoffman</u>	
		485		ADDRESS <u>St. Joseph, Mo</u>	

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^{****1}....., Student Embalmer No.....* working under my personal supervision..

Student.....^{*****}.....
Signature of Student Embalmer

Signed *Edward R. Garrison*
Licensed Embalmer No. 3258.M

P. O. Address..St..Joseph..M

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.