

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8492**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **120**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>	c. LENGTH OF STAY (in this place) <b>3 days</b>	c. CITY OR TOWN <b>Independence</b>	d. Residence within limits of City or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Independence Sanitarium</b>		STREET ADDRESS (If rural, give location) <b>1516 W. Scott Place</b>	

3. NAME OF DECEASED a. (First) <b>Benjamin</b>	b. (Middle) <b>J.</b>	c. (Last) <b>Davis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 30 - 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>July 17 - 1862</b>
9. AGE (In years last birthday) <b>92</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b>13</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Standard Oil</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Standard Oil</b>	11. BIRTH PLACE (City and State or Foreign Country) <b>Utah</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Benjamin J. Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Elma E. Davis</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>O.W. Davis</b> ADDRESS <b>K.C. Kansas</b>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several yrs</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chr Hypertension</b>			<b>Several yrs</b>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Fracture femur - left trochanter</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443XF</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Independence, Mo Jackson Co Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3 - 26 - 55 P.m.</b>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell when getting out of bed.</b>

22. I hereby certify that I attended the deceased from **Several yrs**, to **Mar 30, 1955**, that I last saw the deceased alive on **Mar 30, 1955**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas. Nelson J. MD</b>	23b. ADDRESS <b>Independence, Mo</b>	23c. DATE SIGNED <b>3-31-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 1 - 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Grove</b>
24d. LOCATION (City, town, or county) (State) <b>Independence - Mo</b>	24e. FUNERAL DIRECTOR'S SIGNATURE <b>Roland R. Speaks</b>	24f. ADDRESS <b>Independence</b>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *R. Kenneth Patterson*

Licensed Embalmer No. *4691*

P. O. Address *Indy, W. Va.*

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.