

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

318 1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE LOUISIANA b. COUNTY Orleans	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN ST. LOUIS)	c. LENGTH OF STAY (in this place) township) 15 DAYS	c. CITY OR TOWN NEW ORLEANS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 8190 8
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSPITAL		e. STREET ADDRESS (If rural, give location) 425 INDEPENDENCE ST.	

3. NAME OF DECEASED (Type or Print)	a. (First) ROY	b. (Middle) MOHAN	c. (Last) DAVIS	4. DATE OF DEATH (Month) (Day) (Year) 8 - 2 - 55
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5. SEX M	6. COLOR OR RACE N	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Oct. 25, 1891	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIEF CLERK		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Chief Clerk Supt.	13b. MOTHER'S MAIDEN NAME Mary Roberts	14. NAME OF HUSBAND OR WIFE Sally Davis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. Nil.	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Sally Davis	ADDRESS 1425 Independence St.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION New Orleans La,		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BILATERAL LOWER LOBE ATELECTASIS		6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ACSONHARECTOMY - POST-OPERATIVE DUE TO (c) ADENOCARCINOMA OF OESOPHAGUS		?
II. OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS, EMPHISEMA - PULMONARY.		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION JULY 27 55	19b. MAJOR FINDINGS OF OPERATION ADENOCARCINOMA OF OESOPHAGUS - LOWER END	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 150X
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

22. I hereby certify that I attended the deceased from **JULY 20th, 1955**, to **AUG 2nd, 1955**, that I last saw the deceased alive on **AUG 1st, 1955**, and that death occurred at **10:09 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James C. Vest M.D.	23b. ADDRESS 637 N. Grand	23c. DATE SIGNED 8/2/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 8-2-55	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) New Orleans, Louisiana
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DATE REC'D BY LOCAL REG. AUG 3 1955	REGISTRAR'S SIGNATURE Albert H. Hoppe	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington.
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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 *Robert M. Murray*.....
Licensed Embalmer No. *3*.....

P. O. Address *St. Louis*.....

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.