

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>1 mo.</u>	c. CITY OR TOWN <u>Labadie</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Labadie</u>	
3. NAME OF DECEASED a. (First) <u>JOSEPH</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 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>Aug. 13, 1881</u>
9. AGE (in years last birthday) <u>74</u>		10. AGE (in years) if under 1 year: Months <u>7</u> Days <u>21</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney/Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Law Office</u>	11. BIRTHPLACE (City and State or foreign country) <u>Berger, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Levi Davis</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Mahon</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha C. Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bertha C. Davis, Washington, 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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Liver (metastatic)</u>		<u>not determined</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Stomach</u>		<u>not determined</u>	
DUE TO (c) _____		_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary sclerosis, myocardial damage, Prostatitis, Nephritis</u>		<u>several years</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Stomach, greater curvature Extensive metastatic liver</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) <u>151X</u>	
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>Mar 14, 1956</u> , to <u>April 4, 1956</u> , that I last saw the deceased alive on <u>April 4, 1956</u> and that death occurred at <u>1:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. O. Munch</u>		23b. ADDRESS <u>Mr. D. W. Ocker, Washington, Mo.</u>	23c. DATE SIGNED <u>4-5-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 7, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Berger Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Berger, Missouri</u>
DATE REC'D BY LOCAL REG. <u>4/6/56</u>	REGISTRAR'S SIGNATURE <u>F. E. Hedmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg & Witt, Inc., Washington, Mo.</u>	

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

99-0

(Licensed Embalmer's Statement on Reverse Side)

5 1957

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.....
Lester H. Witt

Licensed Embalmer No. *325*

P. O. Address *Washington*

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.