

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44934

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lexington</b>		c. CITY OR TOWN <b>Lexington</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home (Myrick)</b>		d. STREET ADDRESS (If outside, give location) <b>Myrick Rd.</b>	
3. NAME OF DECEASED (Type or print) First <b>CLARK</b> Middle <b>BENTON</b> Last <b>DAVIS</b>		4. DATE OF DEATH Month <b>December</b> Day <b>17</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 26, 1903</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>River Const. Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	9. AGE (In years last birthday) <b>54</b>
11. BIRTHPLACE (City and state or country) <b>Bowling Green, Ky.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John Preston Davis</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Ray</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>704-05-1047</b>	17. INFORMANT Address <b>Mrs. Gertha Davis Lexington, Mo.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lymphosarcoma</b> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n). <b>2001</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Oct. 23/57</b> to <b>December 17, 1957</b> and last saw <sup>him</sup> him alive on <b>12/16/57</b> Death occurred at <b>1:50</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Joe W. Ward M.D.</b>		22b. ADDRESS <b>M. D. Lexington, Mo.</b>	
22c. DATE SIGNED <b>12/19/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>December 20, 1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Machpelah Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Lexington, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Harold L. Walker Lexington, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-26-57</b>	
		26. REGISTRAR'S SIGNATURE <b>M. W. Eastburn</b>	

S. 300  
v. 1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
Securing the medical certification in the specific manner required by 193.140 MOKS 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 9 1958

**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 *Harold L. Walker*

Licensed Embalmer No. *458*

P. O. Address *Leighton,*

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.