. No. 300
. 10.48

FILED NOV 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34193

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 113

1547
1

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Myrick Road - R.F.D. R #1 in Lexington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington 1542
d. STREET ADDRESS (If rural, give location): Myrick Road - R.F.D. R #1 in City.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): PRESTON
c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): October 23, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 30.1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 4, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired maintenance man
10b. KIND OF BUSINESS OR INDUSTRY: Rail road
11. BIRTHPLACE (State or foreign country): Edminson, Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wiiliam W. Davis
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Not Known
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Benton Davis, Lexington, Missouri.

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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 oct, 1951, *to* only saw him once, 19__, *that I last saw the deceased alive on* 23 oct., 1951, *and that death occurred at* 1:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joe W. Ward MD
23b. ADDRESS: Lexington Mo
23c. DATE SIGNED: Nov 7 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial X
24b. DATE: October 25, 1951
24c. NAME OF CEMETERY OR CREMATORY: Machpelah
24d. LOCATION (City, town, or county) (State): Lexington, Missouri.

DATE REC'D BY LOCAL REG.: Nov. 7 1951
REGISTRAR'S SIGNATURE: Minerva E. Eadelshook 156
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Forrest F. Tempel Lexington Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 8 - 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed NOV 8 - 1951

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Geo. McKean

Signed _____
Student Embalmer

Licensed Embalmer No. 1983

P. O. Address Lexington, Michigan

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 this body is not embalmed, fact should be so stated above.