

STANDARD CERTIFICATE OF DEATH

42421

State File No.

FILED JAN 3 1952

BIRTH NO.

REG. DIST. NO. 251

PRIMARY REG. DIST. NO. 4384

Registrar's No. 267

1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY NODAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SKIDMORE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SKIDMORE	
c. LENGTH OF STAY (In this place) 7 yr		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			
3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) STANTON c. (Last) DAVIS		4. DATE OF DEATH (Month) (Day) (Year) DEC. 20 1951	
5. SEX MD	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT-20-1869
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	
11. BIRTHPLACE (State or foreign country) OSBORNE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME GEORGE DAVIS		13b. MOTHER'S MAIDEN NAME SARAH ORR	
14. NAME OF HUSBAND OR WIFE CLARA DAVIS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME MRS CLARA DAVIS		ADDRESS SKIDMORE MO.	
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) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myelitis			
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 1:592X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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 Nov. , 1949, to Dec. 20, 1951 , that I last saw the deceased alive on Nov. , 1951, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE D. J. Byland (Degree or title) D.M.D.		23b. ADDRESS 12/26/51	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-23-51	
24c. NAME OF CEMETERY OR CREMATORY HILLCREST		24d. LOCATION (City, town, or county) (State) SKIDMORE, MISSOURI	
DATE REC'D BY LOCAL REG. 12-31-51		REGISTRAR'S SIGNATURE Beas Holt 229	
25. FUNERAL DIRECTOR'S SIGNATURE J. W. BURN		ADDRESS JCT. MO	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2968

P. O. Address Burlington, MA

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.