S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7737

State File No.

BIRTH APR 1 1952 REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4122 Registrar's No. 11

3230
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1. PLACE OF DEATH
a. COUNTY: CHRISTIAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NIXA
c. LENGTH OF STAY (In this place): 3½ YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CHRISTIAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NIXA 07 21
d. STREET ADDRESS (If rural, give location): NO STREET ADDRESS

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

4. DATE OF DEATH (Month) (Day) (Year): MARCH 24 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 23 - 1907
9. AGE (In years last birthday): 44 — If under 1 year: Months 3, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): FRANCES - OKLAHOMA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES DAVIS
13b. MOTHER'S MAIDEN NAME: ORA KILBURN
14. NAME OF HUSBAND OR WIFE: FRANCES BIGGERS, 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.: 337-12-4341
17. INFORMANT'S SIGNATURE OR NAME: MRS. FRANCES DAVIS
ADDRESS: NIXA, 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) Coronary occlusion resulting from mumps

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 089X
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* 3-14, 1952, *to* 3-24, 1952, *that I last saw the deceased alive on* 3-24, 1952, *and that death occurred at* 7:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Howard Shoffner (Degree or title): D.O.
23b. ADDRESS: Nixa, Mo.
23c. DATE SIGNED: 3-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 26-1952
24c. NAME OF CEMETERY OR CREMATORY: MARSHFIELD CEMETERY
24d. LOCATION (City, town, or county) (State): MARSHFIELD MISSOURI

DATE REC'D BY LOCAL REG.: Mar. 28, 1952
REGISTRAR'S SIGNATURE: Allene Dreier
25. FUNERAL DIRECTOR'S SIGNATURE: John Dean Harris
ADDRESS: Clever, 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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed John Alan Harris

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

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.