

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27036**

FILED SEP 2- 1952

BIRTH NO. _____		REG. DIST. NO. 2	PRIMARY REG. DIST. NO. 5013	Registrar's No. 67-
1. PLACE OF DEATH a. COUNTY ANDREW ⁰⁰²⁰		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ANDREW		
b. CITY OR TOWN RURAL - JACKSON.		c. LENGTH OF STAY (in this place) 79 YRS.	c. CITY OR TOWN RURAL JACKSON ⁰⁰²⁰	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) EDWARD		a. (First) _____	b. (Middle) DAVIS	c. (Last) _____
4. DATE OF DEATH 8-17-1952		5. SEX MALE 6. COLOR OR RACE WHITE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH 12-5-1871		9. AGE (In years last birthday) 80 if UNDER 1 YEAR Months 8 Days 12 if UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) ANDREW Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME GEORGE DAVIS		
13b. MOTHER'S MAIDEN NAME SARAH GOFF		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lloyd Davis, Savannah, Mo. ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Generalized Arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio-Vascular-renal Disease		INTERVAL BETWEEN ONSET AND DEATH 2 wks. 1 yr. 5 yrs. 3 yrs.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4201		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) _____
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____		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 March, 1948 , to Aug. , 1952, that I last saw the deceased alive on Aug. 7, 1952 , and that death occurred at 3 P. m., from the causes and on the date stated above.				
23a. SIGNATURE L. B. Kelly (Degree or title) _____		23b. ADDRESS Savannah, Mo.		23c. DATE SIGNED 8-18-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-19-1952		24c. NAME OF CEMETERY OR CREMATORY FILLMORE
24d. LOCATION (City, town, or county) FILLMORE, MISSOURI.		24e. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. 8-29-52		REGISTRAR'S SIGNATURE L. B. Kelly		25. FUNERAL DIRECTOR'S SIGNATURE BREIT-FUNERAL-HOME ADDRESS SAVANNAH, MO.

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

SEP 11 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
Student Embalmer

Signed E. L. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah, Ga.

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.