

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42097**

FILED DEC 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023** Registrar's No. **59**

## 1. PLACE OF DEATH

a. COUNTY **Henry**b. CITY (If outside corporate limits, write RURAL and give township) **Clinton**c. LENGTH OF STAY (In this place) **2 HRS.**d. FULL NAME OF HOSPITAL OR INSTITUTION **Clinton General Hospital**

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Mo.**b. COUNTY **Henry**c. CITY (If outside corporate limits, write RURAL and give township) **Shower's Trp.**

d. STREET ADDRESS

(If rural, give location)

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

**FRANK DAVID DAVIS****Dec. 13, 1952**5. SEX **Male**6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

**Single**

8. DATE OF BIRTH

**Feb. 10, 1868**

9. AGE (In years last birthday)

if UNDER 1 YEAR

Months

Days

if UNDER 24 HRS.

Hours

Min.

**84****10****9**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Farm laborer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

 **Iowa**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13a. FATHER'S NAME

**Unknown**

13b. MOTHER'S MAIDEN NAME

**Unknown**

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)

**No**

16. SOCIAL SECURITY NO.

**None**

17. INFORMANT'S SIGNATURE OR NAME

**Mrs. Ralph Kethington**

ADDRESS

**Clinton, Mo. 64401**

## 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

**Cornary occlusion**

INTERVAL BETWEEN ONSET AND DEATH

**2 hr**

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

**chronic myocarditis****2 yr**

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

**4201**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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 **Jan 1, 1952**, to **12-13, 1952**, that I last saw the deceased alive on **12-13, 1952**, and that death occurred at **6 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

**Schwalbes, M.D.**

23b. ADDRESS

**Clinton, Mo.**

23c. DATE SIGNED

**12-14-52**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

**Burial****Dec 15 52****Paul Cemetery****Clinton, Mo. P.H. 1**

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

**Dec-14-52****Florence Odair****H. D. Vansant, Clinton, Mo**

SEAL 8 JAN 81

**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 N. A. Vassant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.