

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15016

State File No. _____

FILED MAY 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>432</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Princeton</u>)		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Des Moines Iowa</u>		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>312-5th St. West Des Moines</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frame</u> b. (Middle) <u>Laughlin</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 15, 1889</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Diesel Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island Rail</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mahaska Co. Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Harry A. Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Lura Serree</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>708-18-2360</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd H. Davis, Des Moines, Iowa</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Operation Death, while in cab of Diesel Locomotive No 630</u> ANTECEDENT CAUSES <u>Well the evening before, during the Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Occlusion</u> DUE TO (b) <u>dinner hour</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Unknown</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural Causes</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Princeton, Mercer Co Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19 <u>53</u> <u>May 8, 1953</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ <u>5:10 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. S. Gustow, M.D.</u>				23b. ADDRESS <u>Bristow Bldg. Princeton Mo</u>		23c. DATE SIGNED <u>5/8/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 8, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jordan Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Des Moines, Iowa</u>	
DATE REC'D BY LOCAL REG. <u>5-10-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Martin Funeral Home Princeton, Mo.</u> <u>[Signature]</u>			

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

SEP 1 1960

MAY 14 1954

MAY 10 1953

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 *Jean Martin*

Licensed Embalmer No. 3760

P. O. Address *Princeton, Ill.*

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.