

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15044

State File No.

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4337 Registrar's No. 16

0690
1

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Monroe</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u> <u>0690</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXXXXXXX</u> | | XXXXXXXXXXXXXX | |

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|--|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Chowning</u> c. (Last) <u>Davis</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-11-1953</u> | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | |
| 8. DATE OF BIRTH <u>3-15-1865</u> | | 9. AGE (In years last birthday) <u>88</u> | | 10. IF UNDER 1 YEAR Months Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>grocery</u> | | 11. BIRTHPLACE (State or foreign country) <u>Madison, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | | 13a. FATHER'S NAME <u>Thomas Benton Davis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jannie Dunnaway</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Laura Burton-Davis</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>491-14-0154</u> | |

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|---|--|----------------------------|--|
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Riley</u> | | ADDRESS <u>Madison, Mo</u> | |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> | |
| | | ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | | |
| | | DUE TO (b) _____ | | | |
| | | DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4207</u> | | 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 Dec 8, 1950, to April 4, 1953, that I last saw the deceased alive on Mar 6, 1953 and that death occurred at 8 A m., from the causes and on the date stated above.

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|--|--|---|--|---|--|
| 23a. SIGNATURE <u>Thos. S. Fleming</u> (Degree or title) | | 23b. ADDRESS <u>Madison, Missouri</u> | | 23c. DATE SIGNED <u>4-13-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>4/13/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Madison Monroe MO</u> | | DATE REC'D BY LOCAL REG. <u>4-20-53</u> | | REGISTRAR'S SIGNATURE <u>Elise Robertson</u> | |

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| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank A. Thompson</u> | | ADDRESS <u>Madison</u> | |
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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 Wm. Fred G. Kemper

Licensed Embalmer No. 3282

P. O. Address Madison, 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.