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0.48

STANDARD CERTIFICATE OF DEATH

State File No. **2489**

FILED JAN 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **311** PRIMARY REG. DIST. NO. **4456** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Appleton City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Appleton City</b>	
c. LENGTH OF STAY (in this place) <b>2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Home</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Perry</b> b. (Middle) <b>Finley</b> c. (Last) <b>Davis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN - 2 - 54</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>Sept 29-1883</b>		9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR: Months <b>3</b> Days <b>2</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Caldwell Co. Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>Marion F. Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Jane Ridinger</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie E. Davis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nellie E. Davis Appleton City Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Acute Pulmonary Edema</b>		ANTECEDENT CAUSES DUE TO (b) <b>Hypertensive Cardiovascular Disease?</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		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) <b>Appleton City St. Clair Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **11 Dec.**, 1953, to **Jan 2**, 1954, that I last saw the deceased alive on **Jan 2**, 1954, and that death occurred at **12:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert H. Braunberger M.D.</b>		23b. ADDRESS <b>Appleton City Mo.</b>		23c. DATE SIGNED <b>Jan 3, 54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>JAN. 4 - 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Appleton City</b>	
24d. LOCATION (City, town, or county) (State) <b>Appleton City Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank Lee Appleton City Mo</b>			
DATE REC'D BY LOCAL REG. <b>Jan. 4, 1954</b>		REGISTRAR'S SIGNATURE <b>Chas. Abney</b>		285	

(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

*Melvin L. Janssens*

Licensed Embalmer No. *4589*

P. O. Address *Appleton City*

**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.