

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12910

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5932 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>DEHIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Douglas</u>	
b. CITY OR TOWN <u>LA MONTE (Highway 50 & 127)</u>		c. CITY OR TOWN <u>AVA MISSOURI</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BURREN</u>	b. (Middle) <u>OBERT</u>	c. (Last) <u>DAVIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-9-1954</u>
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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>SEPT-10-1899</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MOBILE BUSINESS</u>	11. BIRTHPLACE (State or foreign country) <u>AVA MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES DAVIS</u>	13b. MOTHER'S MAIDEN NAME <u>WILDA ARNOLD</u>	14. NAME OF HUSBAND OR WIFE <u>EGGIE DAVIS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES World War I</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EVERETT DAVIS</u>	ADDRESS <u>KANSAS CITY MO</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injury to chest</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>La Monte (Peters) Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-9-54 2:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile collision on public highway</u>
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22. I hereby certify that I attended the deceased from as Surgeon, that I last saw the deceased alive on 4-10-54, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clas Jordan Sauphuchner M.D.</u> (Degree or title)	23b. ADDRESS <u>Corner, Peters Co.</u>	23c. DATE SIGNED <u>4-10-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>4-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>One Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>One Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-12-54</u>	REGISTRAR'S SIGNATURE <u>Paul M. Moore</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u>	ADDRESS <u>La Monte Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 17 1958

MAY 3 1958

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

Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address

De Monte Md

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.