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FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14833**

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 40			
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Lamar		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				e. STREET ADDRESS (If rural, give location) 806 Broadway					
3. NAME OF DECEASED (Type or Print) a. (First) HUGH			b. (Middle)		c. (Last) DAVIS		4. DATE OF DEATH (Month) (Day) (Year) June 6, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 19, 1883		9. AGE (In years last birthday) 70 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) Painter			10b. KIND OF BUSINESS OR INDUSTRY Building Painter			11. BIRTHPLACE (City and State or Foreign Country) Pittsburg, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Hugh Davis			13b. MOTHER'S MAIDEN NAME May Tunget			14. NAME OF HUSBAND OR WIFE Jessie Lee Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 513-10-1981		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hugh Davis, ADDRESS Lamar, Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) red eye DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH sudden death	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			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) Lamar (COUNTY) Barton (STATE) Mo.					
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 2:00 P.M. to death , 19 54 , that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE D.R. Gooden M.D. (Degree or title)				23b. ADDRESS L. M. R. P.		23c. DATE SIGNED 6-7-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 9, 1954		24c. NAME OF CEMETERY OR CREMATORY Herrington Cemetery		24d. LOCATION (City, town, or county) (State) Herrington, Kansas			
DATE REC'D BY LOCAL REG. JUN 7 - 1954		REGISTRAR'S SIGNATURE Marie Korantz 14-0		25. FUNERAL DIRECTOR'S SIGNATURE Clarence H. Chile		ADDRESS Jamaar Mo.			

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

9 F NRP

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.....
Signature of Student Embalmer

Signed *Clarence H. Childs*.....

Licensed Embalmer No. *34*.....

P. O. Address *James M.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.