

No. 300
10-48

FILED OCT 19 1954

STANDARD CERTIFICATE OF DEATH

33737

State File No.

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 44

1. PLACE OF DEATH
 a. COUNTY Howell
 b. CITY OR TOWN Mtn. View
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute To Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE _____ b. COUNTY _____
 c. CITY OR TOWN _____
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) Nat Kneum

3. NAME OF DECEASED
 a. (First) James b. (Middle) G. c. (Last) DAVIES
 (Type or Print)
4. DATE OF DEATH (Month) (Day) (Year) Oct. 11-1954

5. SEX M **6. COLOR OR RACE** W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 9
8. DATE OF BIRTH _____ **9. AGE** (In years last birthday) 64
 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) Minister
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) Wales
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Nat Kneum **13b. MOTHER'S MAIDEN NAME** Nat Kneum
14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME None **ADDRESS** _____

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture
 ANTECEDENT CAUSES Crushed Skull
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) accident 2 mi. E. Mtn. View

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 30 min.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUBJECT HOMECIDE (Specify) Accident **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 45 #60
21c. (CITY, TOWN, OR TOWNSHIP) Mtn. View (COUNTY) Howell (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 11-1954 4P **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? Car hit tractor trailer head on

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30P, from the cause and on the date stated above.

23. SIGNATURE (Degree or title) Doc. R. Duncan Coroner **23b. ADDRESS** Mtn. View Mo. **23c. DATE SIGNED** 10-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify) R **24b. DATE** 10-14-54 **24c. NAME OF CEMETERY OR CREMATORY** _____ **24d. LOCATION** (City, town, or county) (State) Salina, Kan.

DATE REC'D BY LOCAL REG. 10-16-54 **REGISTRAR'S SIGNATURE** Laura Mitchell **25. FUNERAL DIRECTOR'S SIGNATURE** Duncan **ADDRESS** Mtn. View, Mo.

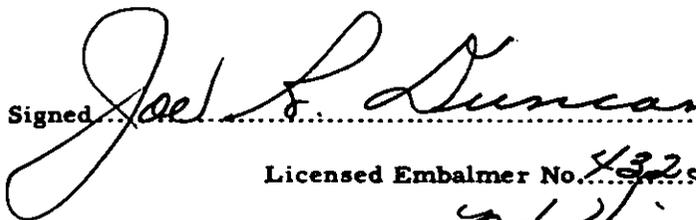
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0460
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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.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No. 4325

P. O. Address Mt. View,

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.