No. 300
10.48

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33843
State File No.

BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home; 410, W. Gay St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson.
c. CITY OR TOWN: Warrensburg
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 410, W. Gay St. 0510

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): OScar
c. (Last): Davis.

4. DATE OF DEATH (Month) (Day) (Year): Oct. 11, 1955.

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May. 7, 1887.
9. AGE (In years last birthday): 68 | 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): retired Merchant.
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (City and State or Foreign Country): Warrensburg. MO.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: W. O. Davis.
13b. MOTHER'S MAIDEN NAME: Maggie Terherst.
14. NAME OF HUSBAND OR WIFE: Flossie 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.: 495-36-5749
17. INFORMANT'S SIGNATURE OR NAME: A Mrs. Flossie Davis. **ADDRESS**: Warrensburg. 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 — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) 4201

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 [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-11, 1955, *to* 10-11, 1955, *that I last saw the deceased alive on* 10-11, 1955, *and that death occurred at* 6:50 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Lee Cooper M D
23b. ADDRESS: Warensburg Mo
23c. DATE SIGNED: 10-12-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 13, 1955
24c. NAME OF CEMETERY OR CREMATORY: Sunset Hill
24d. LOCATION (City, town, or county) (State): Warrensburg. MO.

DATE REC'D BY LOCAL REG.: Oct. 13, 1955
REGISTRAR'S SIGNATURE: Savannah Crutchfield 147
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Sweeney Phillips. Warrensburg. MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 17 1955
JOHNSON COUNTY HEALTH DEPT.

VS DEC 28 1959

9961 9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Q. Phillips

Licensed Embalmer No. 292

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.