

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3583

State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY OR TOWN <u>BRASHEAR-REG</u>	
c. LENGTH OF STAY (in this place)		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Community Nursing Home #1</u>		STREET ADDRESS (If rural, give location) <u>6 MI W. BRASHEAR</u>	

3. NAME OF DECEASED (Type or Print) <u>LOUIS TAYLOR DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 1 1957</u>	
a. (First)	b. (Middle)	c. (Last)	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>FEB 9 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>	9. AGE (in years last birthday) <u>85</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>MEXICO REG MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>OREO DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>MATILDA POLIS</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA ROSE BACHMANN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>SUMNER DAVIS</u> ADDRESS <u>BRASHEAR MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Congestive Circulatory Failure</u>		DUE TO (a) <u>Thrombotic, Embolic, atherosclerosis</u>		<u>1 hour</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerosis</u>		<u>4 days</u>	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Arteriosclerosis</u>		<u>years</u>	
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"/>	
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) <u>332X</u> <u>2</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan 16, 1956, to March 1, 1957, that I last saw the deceased alive on March 1, 1957, and that death occurred at 7:58 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George H. Scheurer D.O.</u>		23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>March 1, 1957</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 3/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LINVILLE</u>	
24d. LOCATION (City, town, or county) (State) <u>EDINA MO</u>					

DATE REC'D BY LOCAL REG. <u>2-2-1957</u>		REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geoff Casley</u> ADDRESS <u>Hurdland Mo</u>	
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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.....
Signature of Student Embalmer

Signed *Geo. H. Masley Jr.*.....

Licensed Embalmer No. *375*.....

P. O. Address *Hurdland*.....

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.