

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7434

State File No. _____

FILED MAR 25 1957

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 104

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 town) <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 mo.</u>	
c. CITY OR TOWN <u>Kirksville, Mo.</u>		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 <u>Community Nursing Home #1</u>		STREET ADDRESS (If rural, give location) <u>1029 N. Edgar St.</u>	
3. NAME OF DECEASED (Type or Print) <u>James A Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 15 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 15, 1870</u>
9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Pollock, Sullivan, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Edward Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Howard</u>	
14. NAME OF HUSBAND OR WIFE <u>Ann Miller Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Dormer</u>		ADDRESS <u>1029 N. Edgar, Kirksville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Acute Circulatory Failure</u> <u>1 hour</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Coronary Occlusion</u> <u>3 hours</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? <u>2</u>		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>4-201</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 <u>1-2-57</u> , 19 <u>57</u> , to <u>3-15-57</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-14-57</u> , 19 <u>57</u> and that death occurred at <u>7:40</u> A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George H. Schauer, D.O.</u>		23b. ADDRESS <u>Kirksville, Mo.</u>	
23c. DATE SIGNED <u>3-15-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 17, 1957</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pollock</u>		24d. LOCATION (City, town, or county) (State) <u>Pollock, Sullivan, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-17-1957</u>		REGISTRAR'S SIGNATURE <u>Dorothy W. Patton</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Walter Foster</u>		ADDRESS <u>Kirksville, Mo.</u>	

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 *Novel E Foster*.....

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo.

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.