

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15841**

FILED APR 23 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **4482** Registrar's No. **117**

1. PLACE OF DEATH a. COUNTY <b>Scotland</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY OR TOWN <b>Memphis</b>	c. LENGTH OF STAY (In this place) <b>6 mo.</b>	c. CITY OR TOWN <b>Rural Johnson</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>0970</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Isaac</b> b. (Middle) <b>M</b> c. (Last) <b>Davis</b>			4. DATE OF DEATH <b>April 14, 1957</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>May 31, 1871</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City, and State or Foreign Country) <b>Van Buren County, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>John Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Irene Hathaway</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY (If yes, give war or dates of service) <b>486-42-2359</b>	17. INFORMANT'S SIGNATURE OR NAME <b>C. E. Davis</b> ADDRESS <b>Memphis</b>
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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, athenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET OF DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute circulatory failure</b>		<b>2 min.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis and myocardial infarction</b> DUE TO (c) <b>Arteriosclerosis</b>		<b>3 hours</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>years</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<b>4201</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) (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 **Sept.**, 19**54**, to **April 14, 1957**, that I last saw the deceased alive on **Mar. 29**, 19**57**, and that death occurred at **1.00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. W. Bradley</b> (Degree or title)	23b. ADDRESS <b>Edina, Mo.</b>	23c. DATE SIGNED <b>4/19/57</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 16, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Harness</b>	24d. LOCATION (City, town, or county) (State) <b>Mt. Sterling, Iowa</b>
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DATE REC'D BY LOCAL REG. <b>4-22-57</b>	REGISTRAR'S SIGNATURE <b>Debra G. Turner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gerth Basket</b> ADDRESS <b>Memphis mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0940

476

APR 26 1957  
MAY 8 1957

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 *Albert C Gerth*

Licensed Embalmer No. *4257*

P. O. Address *Memphis*

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.