

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25189

STATE FILE NUMBER

FILED AUG 6 1957

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 127

300
1-57

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 100 W. Commercial		Length of stay in lb	d. STREET ADDRESS 310 Taylor
3. NAME OF DECEASED (Type or print) FARRELL C. DAVIS		4. DATE OF DEATH July 26, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Dealer		10b. KIND OF BUSINESS OR INDUSTRY Land	9. AGE (In years past birthday) 52
11. BIRTHPLACE (City and state or country) Laclede County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William C. Davis		13b. MOTHER'S MAIDEN NAME Sinia Alexander	14. NAME OF HUSBAND OR WIFE Pauline Davis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499-10-7401	17. INFORMANT Address Mrs. F.C. Davis, Lebanon, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from June 1953 to July 26 1957 and last saw her alive on March 3, 1957 Death occurred at 8:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.H. Johnson M.D.		22b. ADDRESS Lebanon, Mo	22c. DATE SIGNED 7-27-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/28/57	23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery	23d. LOCATION (City, town, or county) (State) Lebanon, Mo.
24. FUNERAL DIRECTOR Palmer Funeral Home Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 7-28-1957	26. REGISTRAR'S SIGNATURE Hella L. Hays

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Received 8-5-57

Laclede County Health Unit

File No. 127

Date Filed 8-5-57

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 S. P. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon

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.