

Health, Welfare, Public Service

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

29024

FILED AUG 28 1957

Registration District No. 290 Primary Registration District No. 5987 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only). OR TOWN Hancock UNION TWP.		c. CITY OR TOWN Hancock	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Patrick Middle Edward Last Davis			4. DATE OF DEATH Month 8 Day 3 Year 1957		
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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 6/24/1878	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months 7 Days 15	11. IF UNDER 24 HRS. Hours 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Douglas County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Thomas J. Davis	13b. MOTHER'S MAIDEN NAME Margaret Davis	14. NAME OF HUSBAND OR WIFE Stacey Davis
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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. X	17. INFORMANT Address Mrs. P. E. Davis, Hancock, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Nephritis and Carcinoma of Prostate		INTERVAL BETWEEN ONSET AND DEATH 5 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 177X
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20c. TIME OF INJURY Hour 7:50 Month 8 Day 16 Year 1957	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 Hancock	COUNTY Pulaski	STATE Missouri
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21. I attended the deceased from April 10, 1957 to Aug. 2, 1957 and last saw him alive on Aug. 2, 1957 Death occurred at 7:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE W. F. Schuchert MD	22b. ADDRESS Crocker, Missouri	22c. DATE SIGNED Aug. 17, 1957
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/6/1957	23c. NAME OF CEMETERY OR CREMATORY Seaton Cemetery	23d. LOCATION (City, town, or county) (State) Markes County, Missouri
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24. FUNERAL DIRECTOR Fred H. Gilbert, Dixon, Missouri	25. DATE RECD. BY LOCAL REG. 8-20-57	REGISTRAR'S SIGNATURE Paula Mae Anderson
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED 8-24-57
Pulaski County Health Officer
File Number 107
Date Filed 8-20-57

1957 AUG 28 9 16 AM

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 *Maurice E. Scherba*

Licensed Embalmer No. 4505
P. O. Address Dixen, Missouri

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.