

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43308
STATE FILE NUMBER
Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 295

S. 300
v. 1-57

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Audrain | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Audrain) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico | | c. CITY OR TOWN Mexico | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 803 West Yale | | d. STREET ADDRESS (If outside, give location) 123@ W. Monroe St. | |
| 3. NAME OF DECEASED (Type or print) First Edward Middle Wesley Last Davis | | 4. DATE OF DEATH Month Dec. Day 14, Year 1957 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 5, 1880 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming | | 10b. KIND OF BUSINESS OR INDUSTRY farmer | 11. BIRTHPLACE (City and state or country) Callaway Co. Mo. |
| 13a. FATHER'S NAME Isham Davis | | 13b. MOTHER'S MAIDEN NAME Ada A. Brett | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 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. 492-124865 | 17. INFORMANT Address Mrs. Alva Black, 803 W. Yale, Mexico, 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) Coronary occlusion | | | INTERVAL BETWEEN ONSET AND DEATH 10 min. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis cordis vascularis | | | 15 yrs. |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.) | |
| 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 May 1955 to Dec 14, 1957 and last saw him alive on Dec 12, 1957 Death occurred at 1:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) William J. Gentry | | 22b. ADDRESS 112 N. Clark Mexico Mo | 22c. DATE SIGNED 12/16/57 |
| 23a. BURIAL, CREMATION, REMOVAL Specify burial | 23b. DATE Dec 16, 1957 | 23c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery | 23d. LOCATION (City, town, or county) (State) Mexico, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Precht-Hueston, Mexico, Mo. | | 25. DATE RECD. BY LOCAL REG. Dec 16-1957 | 26. REGISTRAR'S SIGNATURE Blanche Neely |

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.

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 *Earl S. Puckett*

Licensed Embalmer No. *3189*
P. O. Address *Mexico, 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.