

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

700

5320 State File No.

BIRTH NO. _____		REG. DIST. NO. <u>82</u>	PRIMARY REG. DIST. NO. <u>3017</u>	Registrar's No. <u>12</u>
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural - Palestine Twp</u> )		c. LENGTH OF STAY (in this place) <u>4 hrs</u>		c. CITY OR TOWN <u>Boonville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD Bunceton, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
• STREET ADDRESS <u>611 6th St.</u>		(If rural, give location) <u>0270</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WARREN</u>		b. (Middle) <u>TRUMAN</u>		c. (Last) <u>DAVIS</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan: 27 58</u>		5. SEX <u>male</u>		
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 18, 1893</u>
9. AGE (In years last birthday) <u>64</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>merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Charles Davis</u>		
13b. MOTHER'S MAIDEN NAME <u>Margaret Mills</u>		14. NAME OF HUSBAND OR WIFE <u>Vance Viertel</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>yes</u> (If yes give war or dates of service) <u>NW 1 (5 yrs)</u>		16. SOCIAL SECURITY NO. <u>497-14-6327</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Warren T. Davis</u> ADDRESS <u>Boonville, Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Inst</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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) <u>4201</u> (COUNTY) _____ (STATE) _____
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>no attendance</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:47 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>M. D. DeGraffenried</u> (Type or Print)		23b. ADDRESS <u>Carroll Bonnell</u>		23c. DATE SIGNED <u>1/27/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan. 24/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u>
24d. LOCATION (City, town, or county) <u>Boonville, Missouri</u>		24e. (State) _____		
DATE REC'D BY LOCAL REG. <u>1/24/58</u>		REGISTRAR'S SIGNATURE <u>D. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Thacker</u> ADDRESS <u>Boonville, Mo</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 29 1958

JAN 1 1958

FEB 27 1958

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 *Berry W. Thacker*.....

Licensed Embalmer No. *394*

P. O. Address *Barnville,*

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.