

pt. Health,
& Welfare
S. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013537
STATE FILE NUMBER

FILED MAY 14 1958

Registration District No. 57 Primary Registration District No. 4097 Registrar's No. 61

S. 300
v. 1-57

01910

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Creighton</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		Length of stay in 1b <u>6 hours</u>	d. STREET ADDRESS <u>5 1/2 miles N. W. Creighton</u>
3. NAME OF DECEASED (Type or print) <u>Joseph Robert Davis</u>		4. DATE OF DEATH Month <u>5</u> Day <u>7</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-1-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rate Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mercantile</u>	9. AGE (In years last birthday) <u>65</u>
13a. FATHER'S NAME <u>Edwin W. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia H. Davis</u>	11. BIRTHPLACE (City and state or country) <u>Marshall, Missouri</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W. I</u>		16. SOCIAL SECURITY NO. <u>487-09-8439</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		14. NAME OF HUSBAND OR WIFE <u>Duryee H. Davis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>	
DUE TO (c) <u>331X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 <u>5-7-58</u> to <u>5-7-58</u> and last saw him alive on <u>5-7-58</u> Death occurred at <u>12:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Lesburn H. Edli, M.D.</u>		22b. ADDRESS <u>Sussex City, Mo</u>	
22c. DATE SIGNED <u>6-9-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>May 19, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Garden City, Missouri</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>Stinson-Liddy</u>		25. DATE RECD. BY LOCAL REG. <u>May 9, 1958</u>	
ADDRESS <u>Stinson-Liddy</u>		26. REGISTRAR'S SIGNATURE <u>Dora Barwood</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1959

MAY 16 1958

RECEIVED
MAY 12 1958
CASS COUNTY
HEALTH DEPARTMENT

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 *Billy J. Hickey*

Licensed Embalmer No. *4685*

P. O. Address *Garden City*

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.