

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028886

STATE FILE NUMBER

FILED SEP 8 1958		Registration District No. 128	Primary Registration District No. _____	Registrar's No. 852
1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BATTLEFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BATTLEFIELD 6398	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 20 YRS.	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ART DAVIS			4. DATE OF DEATH Month Day Year AUG. 31 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 14 1885 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 72	
11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME HENRY DAVIS		13b. MOTHER'S MAIDEN NAME NANCY JANE YOUNG		14. NAME OF HUSBAND OR WIFE LOUISA DAVIS (DEC.)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, NO unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ?	17. INFORMANT Address MRS. JESSIE GALBRAITH SPRINGFIELD, 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) Acute Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH few hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Thrombosis			unknown	
DUE TO (c) Generalized Arteriosclerosis			unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) UNATTENDED BY A PHYSICIAN			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. Month, Day, Year 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 _____ Death occurred at _____ A.M. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE James R. Amos, M.D. (Degree or title)		22b. ADDRESS Mo. County Health officer, Springfield		22c. DATE SIGNED 9-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/3/58	23c. NAME OF CEMETERY OR CREMATORY MANLEY CEMETERY	23d. LOCATION (City, town, or county) (State) SOUTH OF BATTLEFIELD, MO.	
24. FUNERAL DIRECTOR H.H. LOHMEYER		ADDRESS SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 9-3-58	26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

SEP 18 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 *H. L. McCann*

Licensed Embalmer No. *2723*
P. O. Address *Springfield*

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.