

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040522

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 167 Primary Registration District No. 5609 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rose Hill</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Holden</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Rural Holden Mo</i>			Length of stay in 1b <i>38 YRS</i>			d. STREET ADDRESS (If outside, give location) <i>Rural Route</i>		
3. NAME OF DECEASED (Type or print) First <i>CLIFFORD</i> Middle <i>STEPHEN</i> Last <i>DAVIS</i>			4. DATE OF DEATH Month <i>NOV</i> Day <i>19</i> Year <i>1958</i>					
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>NOV 22 1886</i>		9. AGE (In years last birthday) <i>71</i>	IF UNDER 1 YEAR Month <i>11</i> Days <i>27</i>	IF UNDER 24 HRS. Hours <i>11</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Farm</i>		11. BIRTHPLACE (City and state or country) <i>Emmorth, Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Charles K Davis</i>				14. MOTHER'S MAIDEN NAME <i>Glus Dunning</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>495-40-4232</i>		17. INFORMANT <i>Mellie Parratt, Knobnaster Mo</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Angina Pectoris</i>							INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Gen Arteriosclerosis</i>							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.) <i>4202</i>					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <i>January 1958</i> to <i>November 1958</i> and last saw <sup>her</sup> him alive on <i>Nov 17 1958</i> Death occurred at <i>8:30</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Kelly Rawlins M.D.</i>				22b. ADDRESS <i>Holden Mo.</i>		22c. DATE SIGNED <i>11-24-58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Nov 24 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mudford Cemetery</i>		23d. LOCATION (City, town, or county) <i>Holden, Mo</i>		23e. STATE <i>Mo</i>		
24. FUNERAL DIRECTOR <i>Meady &amp; Kopf</i>			ADDRESS <i>Holden Mo</i>		25. DATE RECD. BY LOCAL REG. <i>12-6-58</i>	26. REGISTRAR'S SIGNATURE <i>Mrs G. V. Redford</i>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

156

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.....  
*M. R. Canaday*

Licensed Embalmer No. *343*

P. O. Address *Holden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

DEC 11 1958