

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013910  
STATE FILE NUMBER

FILED APR 21 1959

Registration District No. 170 Primary Registration District No. — Registrar's No. 66

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Morgan</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Morgan</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Imi. W. of Morgan</b>		Length of stay in lb <b>lifetime</b>	d. STREET ADDRESS (If outside, give location) <b>Imi. W. of Morgan</b>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Joel</b> Middle <b>Ephrem</b> Last <b>Davis</b>			4. DATE OF DEATH Month <b>April</b> Day <b>4</b> Year <b>1959</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 16, 1877</b>		9. AGE (In years) <b>82</b> (last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ferming</b>	11. BIRTHPLACE (City and state or country) <b>Lebanon, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>C.W. Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Lorance</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mrs. Ferrell Burns, Morgan, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>apoplexy</b>					INTERVAL BETWEEN ONSET AND DEATH, <b>2 months</b> <b>many years.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>arterial hypertension</b>					
DUE TO (c) <b>senility</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>senility</b>					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.) <b>334x</b>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <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 <b>April 21, 1958</b> to <b>April 4, 1959</b> and last saw <sup>her</sup> him alive on <b>Jan 26 1959</b>		Death occurred at <b>10:25 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE <b>J.H. Johnson</b> (Degree or title) <b>mdo</b>		22b. ADDRESS <b>Knight Bldg., Lebanon, Mo.</b>		22c. DATE SIGNED <b>4-16-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>4-7-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Bear Thicket Cemetery</b>	
		23d. LOCATION (City, town, or country) <b>Laclede Co. Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>J.J. Slade</b>		ADDRESS <b>Lebanon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-16-1959</b>	
				26. REGISTRAR'S SIGNATURE <b>Hella L. Hays</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *[Handwritten Signature]* .....

Licensed Embalmer No. *2848* .....

P. O. Address *The Lane* .....

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.