

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020671

STATE FILE NUMBER

FILED JUL 1 1959

Registration District No. 59 Primary Registration District No. Registrar's No. 112

5. 300
1-57

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CASS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EVERETT TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ARCHIE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		Length of stay in 1b LIFE	d. STREET ADDRESS (If outside, give location) EVERETT TWP Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HOMER Middle H. Last DAVIS			4. DATE OF DEATH Month JUNE Day 23 Year 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-20-1970
9. AGE (In years) 89 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) EVERETT, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JACKSON DAVIS	
13b. MOTHER'S MAIDEN NAME ELIZABETH MILLER		14. NAME OF HUSBAND OR WIFE JURUSHA PYLE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT HOWARD DAVIS Address ARCHIE, 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) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 YEARS
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) 4200			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <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 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 ARCHIE COUNTY CASS STATE MISSOURI
21. I attended the deceased from death occurred at Home 1956 to June 23, 1959 and last saw him alive on June 20, 1959 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Harrisonville MO	22c. DATE SIGNED 25 June 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-25-1959	23c. NAME OF CEMETERY OR CREMATORY SHARON CEMETERY	23d. LOCATION (City, town, or county) (State) DREXEL PASS CO MISSOURI
24. FUNERAL DIRECTOR RUNYAN FUNERAL HOME ADDRESS DREXEL, MO		25. DATE RECD. BY LOCAL REG. 6-24-1959	26. REGISTRAR'S SIGNATURE Mrs. Ray Sebrer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 *Gerald F. White*

Licensed Embalmer No. *4956*

P. O. Address *Louisburg, Kan.*

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.