

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033352

FILED VS OCT 2 1959 82

Registration District No. _____ Primary Registration District No. 4425 Registrar's No. 109

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Polk</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Morrisville</u> Length of stay in 1b <u>17 yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died at home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>I.O.</u> b. COUNTY <u>Polk</u> c. CITY OR TOWN <u>Morrisville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <u>Levin</u> Middle _____ Last <u>Davis</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>21</u> Year <u>1959</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/11/1878</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>I.O.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Samuel B. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Larry J. Ballinger</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NA</u>	17. INFORMANT Address <u>Mrs. Lula Davis - Morrisville, Mo</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>Respiratory failure</u> DUE TO (b) <u>pneumonia</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>48 hrs</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Residual effects of broken back 15 yrs ago</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 <u>Aug. 3 1959</u> to <u>Sept. 21 1959</u> and last saw her/him alive on <u>Sept. 21 1959</u> Death occurred at <u>7:45 I.O.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deed or title) <u>W. R. Davis D.O.</u>			22b. ADDRESS <u>Walnut Grove I.O.</u>		22c. DATE SIGNED <u>9/23/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/24/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Slagle Cemetery</u>		23d. LOCATION (City, town, or county) <u>Polk Co. I.O.</u>			
24. FUNERAL DIRECTOR <u>Ritto J. L. Bolivar I.O.</u>			25. DATE RECD. BY LOCAL REG. <u>Sept. 26, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 5 1959

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 *Sidney J. Pitta*

Licensed Embalmer No. 4939

P. O. Address *Polwin, m*

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.