URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 20 1959

59–035766
STATE FILE NUMBER

AMENDED

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson — Length of stay in 1b: 3 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Gentry
c. CITY OR TOWN - rural — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) So. of King City, Mo., — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Albert Middle: Gustave Last: DAVIS
4. DATE OF DEATH Month: OCT. Day: 12th Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4/18/78
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Self-emp.
11. BIRTHPLACE (City and state or country): Boone, Iowa
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: Albert T. Davis
13b. MOTHER'S MAIDEN NAME: Jennie Christenson
14. NAME OF HUSBAND OR WIFE: Ida Nordstrom Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: ----------
17. INFORMANT: Mrs. Roy Kibbe Address: ,King City, Mo.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Thrombosis	Immediate
DUE TO (c)	Arteriosclerosis	15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Sept. 1958, to Oct. 10, 1958 and last saw him alive on Oct. 10, 1958
Death occurred at 11:10 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Slinker (Degree or title) D.O.
22b. ADDRESS King City Mo.
22c. DATE SIGNED Oct. 12 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct. 13, 59
23c. NAME OF CEMETERY OR CREMATORY: Ridgewood cemetery
23d. LOCATION (City, town, or county) (State): Des. Plaines, Illinois

24. FUNERAL DIRECTOR ADDRESS: Roland D Clark, King City Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 14-'59
26. REGISTRAR'S SIGNATURE: Mrs. L. W. Barg

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 21 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 m

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Roland D. Clark

Licensed Embalmer No. 4477

P. O. Address King City, M

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