MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-61-031921
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 917

AMENDED

FILED SEP 18 1961

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 5 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Josephs Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Doniphan
c. CITY OR TOWN Severance — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. R. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ELSIE Middle MERLE Last DAVIS
4. DATE OF DEATH Month Day Year September 7, 1961

5. SEX female
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/3/1883
9. AGE (last birthday) 78 — 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Highland, Kansas
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Adam Heater
13b. MOTHER'S MAIDEN NAME Celina Corner
14. NAME OF HUSBAND OR WIFE Louis I. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ——
16. SOCIAL SECURITY NO. none
17. INFORMANT Louis I. Davis Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac insufficiency c̄ standstill — INTERVAL BETWEEN ONSET AND DEATH days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease and atrial fibrillation — years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pulmonary infarction; Old myocardial infarction; Carcinoma of hepatic flexure.

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 Nov. 8, 1956, to Sept. 7, 1961 and last saw her alive on Sept. 7, 1961
Death occurred at 3:20 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Caryl A. Potter, Jr. M.D.
22b. ADDRESS Physicians & Surgeons Bldg. St. Joseph, Mo.
22c. DATE SIGNED 9/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 9/7/1961
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Highland Kansas (State)

24. FUNERAL DIRECTOR Heaton-Bowman, ADDRESS St.Joseph,Mo.
25. DATE RECD. BY LOCAL REG. Sept. 14, 1961
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

MEDICAL CERTIFICATION

C. A. Potter, Jr. M.D.

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph, Mo

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.