

FILED JUL 16 1949

STANDARD CERTIFICATE OF DEATH

State File No. 23959

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>45</u>		
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>				
b. CITY OR TOWN <u>LEXINGTON</u>		c. LENGTH OF STAY (If this place) <u>1</u>		c. CITY OR TOWN <u>LEXINGTON</u>		54 3		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1425 SOUTH ST</u>				d. STREET ADDRESS (If rural, give location) <u>1425 SOUTH ST.</u>				
3. NAME OF DECEASED (Type or Print) <u>DAISY</u>		a. (First)		b. (Middle) <u>McKEAN</u>		c. (Last) <u>DAVIS</u>		
4. DATE OF DEATH		(Month) <u>MAY</u>		(Day) <u>30</u>		(Year) <u>1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>		8. DATE OF BIRTH <u>NOV. 24, 1878</u>		
9. AGE (In years last birthday) <u>70</u>		if UNDER 1 YEAR Months <u>6</u>		if UNDER 1 YEAR Days <u>6</u>		if UNDER 1 Hrs. Hours <u>1</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>LEXINGTON, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>JAMES W. McKEAN</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ryland</u>		14. NAME OF HUSBAND OR WIFE <u>CHARK J. DAVIS</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Geo. W. McKEAN</u> ADDRESS <u>LEX. MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lexington Lafayette MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>4 April, 1949</u> , to <u>2 May, 1949</u> , that I last saw the deceased alive on <u>23 April, 1949</u> , and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Geo. W. Ward, M.D.</u>				23b. ADDRESS <u>Lexington mo</u>		23c. DATE SIGNED <u>5/30/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MACH PELAK</u>		24d. LOCATION (City, town, or county) (State) <u>LEXINGTON MO</u>		
DATE REC'D BY LOCAL REG. <u>6/30/49</u>		REGISTRAR'S SIGNATURE <u>Wm. S. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FORREST F. TEMPLE</u>		ADDRESS <u>LEX. MO</u>		

RECEIVED JUL 11

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-15-49

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 .....  
Student Embalmer

Signed Geo. M. Kean

Licensed Embalmer No. 2983

P. O. Address Lexington 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 this body is not embalmed, fact should be so stated above.