

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26052

State File No. _____

FILED AUG 31 1951

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4010 Registrar's No. 600

1. PLACE OF DEATH

a. COUNTY Andrew

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rea Mo. R.R.

c. LENGTH OF STAY (in this place) 25. yr.

d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):

a. STATE Mo. b. COUNTY Andrew

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rea. Mo. R.R.

d. STREET ADDRESS (If rural, give location) West Side of Whitesville Mo.

3. NAME OF DECEASED

a. (First) Edward b. (Middle) _____ c. (Last) Davis.

4. DATE OF DEATH (Month) (Day) (Year) 8.17.1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 9.1.1873 9. AGE (In years) (Month) (Day) 77 11 16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Same

11. BIRTHPLACE (State or foreign country) Macon Co. Ill. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward R. 13b. MOTHER'S MAIDEN NAME Margarete Travia 14. NAME OF HUSBAND OR WIFE Obedience Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO. 16. SOCIAL SECURITY NO. 486-30-0999 17. INFORMANT'S SIGNATURE OR NAME Obedience Davis ADDRESS Rea. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis, General

INTERVAL BETWEEN ONSET AND DEATH 4 Years

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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 4500

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____ 19____, to 8.17.1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

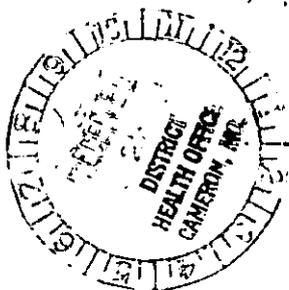
23a. SIGNATURE Dr. F. C. Long M.D. (Degree or title) 23b. ADDRESS Savannah Mo. 23c. DATE SIGNED 8.18.1951

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 8.19.1951 24c. NAME OF CEMETERY OR CREMATORY Palace Springs 24d. LOCATION (City, town, or county) (State) Palace Springs Mo.

DATE REC'D BY LOCAL REG. 8-21-51 REGISTRAR'S SIGNATURE Lillian Sparks 25. FUNERAL DIRECTOR'S SIGNATURE R. G. Jaggard ADDRESS King City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed P. G. Piggard

Licensed Embalmer No. 2563

P. O. Address King City 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.