

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36632

State File No.

FILED DEC 5 1957

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 145

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> | |
| b. CITY OR TOWN <u>Harrisonville</u> | c. LENGTH OF STAY (in this place) <u>83 yr</u> | c. CITY OR TOWN <u>Harrisonville</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>105 Price Ave</u> | | d. STREET ADDRESS (If rural, give location) <u>105 Price Ave</u> | |

3. NAME OF DECEASED (Type or Print) a. (First) EVA b. (Middle) BEATTIE c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) Nov 22 1957

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

8. DATE OF BIRTH Dec 9 1867 9. AGE (In years last birthday) 83

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

11. BIRTHPLACE (State or foreign country) Harrisonville Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Thomas Beattie 13b. MOTHER'S MAIDEN NAME Martha Stuart Myers 14. NAME OF HUSBAND OR WIFE John A. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME Martha Stuart Johnson ADDRESS Harrisonville 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) ARTERIOSCLEROTIC HEART DISEASE

ANTECEDENT CAUSES Diabetes Mellitus

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 Sudden

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) 260X

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 June, 1948, to Nov 22, 1957, that I last saw the deceased alive on Nov 22, 1957, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 23b. ADDRESS Harrisonville Mo 23c. DATE SIGNED Nov 24/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov 24 1957 24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery 24d. LOCATION (City, town, or county) (State) Harrisonville Mo

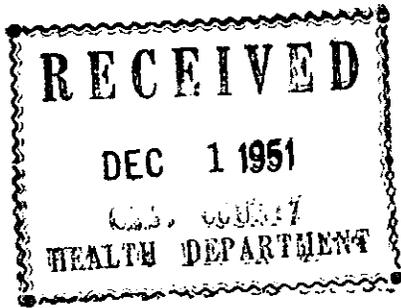
DATE REC'D BY LOCAL REG. Nov 24 1957 REGISTRAR'S SIGNATURE Dora Barward 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Harrisonville Mo

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

No. 300
10.48

191

3.



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 Ernest R. Remunberg

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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.