

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13188

State File No.

FILED MAY 11 1953
BIRTH NO. ... REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4025 Registrar's No. 36

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheaton</u>		c. LENGTH OF STAY (in this place) <u>11 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheaton Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Purdy 0050</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Reginald (Rex)</u> c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 - 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan - 31 - 1882</u>
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>3</u> DAYS <u>1</u> IF ORDER IN HRS. Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Henry Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Lottie Smith</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>489-24-7961</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Rodger Davis</u>		ADDRESS <u>Washburn, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hr.</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Thrombosis</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 <u>4201</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>4/21</u> , 19 <u>53</u> , to <u>5/2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/2</u> , 19 <u>53</u> , and that death occurred at <u>6 3/4</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Fred R. Clark M.D.</u>		23b. ADDRESS <u>Wheaton Missouri</u>	
23c. DATE SIGNED <u>5/3/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May - 5 - 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Munciey Chappel</u>		24d. LOCATION (City, town, or county) (State) <u>Barry Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-7-1953</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>McQueen Funeral Home</u>		ADDRESS <u>Wheaton Mo</u>	

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 Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville 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.