

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13949**

FILED MAY 11 1953

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 5520		Registrar's No. 116	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Windsor Twp		c. LENGTH OF STAY (in this place) 17 years		c. CITY (If outside corporate limits, write RURAL and give township) Rural Windsor Twp		d. STREET ADDRESS (If rural, give location) R # 4 Windsor	
d. FULL NAME OF HOSPITAL OR INSTITUTION R # 4 Windsor				d. STREET ADDRESS (If rural, give location) R # 4 Windsor 0420			
3. NAME OF DECEASED (Type or Print) SHIRD E DAVIS		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH April 27, 1953		(Month)		(Day)		(Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 22, 1878	
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ada, Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John A. Davis		13b. MOTHER'S MAIDEN NAME Emma Firestone		14. NAME OF HUSBAND OR WIFE Lora Fridley Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Shird E. Davis Windsor, Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbidity 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 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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. HOW DID INJURY OCCUR?	
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 Apr 15, 1953 , to 4-27, 1953 , that I last saw the deceased alive on 4-27, 1953 , and that death occurred at 8:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Clarence Shird M.D.		23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 4/30/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-30-53		24c. NAME OF CEMETERY OR CREMATORY Jonah Cemetery		24d. LOCATION (City, town, or county) (State) Jonah, Missouri	
DATE REC'D BY LOCAL REG. April 30-53		REGISTRAR'S SIGNATURE Florence A. Davis		25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner		ADDRESS Windsor, 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.