

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17662

FILED JUN 1 - 1953

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>511</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Beeds Springs</u>		d. STREET ADDRESS (If rural, give location) <u>1040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Abner</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 29-1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Apr. 6-1906</u>		9. AGE (In years last birthday) <u>47-1-23</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ch. Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John W. Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Hicks</u>		14. NAME OF HUSBAND OR WIFE <u>Eula Davis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknown) _____		16. SOCIAL SECURITY NO. <u>566-07-4879 UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eula Davis, Beeds Springs Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) a. _____ b. _____ c. _____		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESUME HEARD DISEASE, INACTIVE WITH ATRIAL STEDOSIS AND INSUFFICIENCY AND CARDIAC INSUFFICIENCY</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>SUFFICIENCY</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>MANY YEARS</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) <u>411 X</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>Aug</u> , 19 <u>52</u> to <u>MAY 29, 1953</u> , that I last saw the deceased alive on <u>MAY 28, 1953</u> , and that death occurred at <u>4:50 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Glenn O. Turner M.D. Surgeon</u>				23b. ADDRESS <u>Beeds Springs, Mo.</u>		23c. DATE SIGNED <u>5/29/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-29-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grainhauser</u>		24d. LOCATION (City, town, or county) (State) <u>Beeds Springs Mo.</u>		
DATE RECEIVED BY LOCAL REG. <u>5-29-53</u>		REGISTRAR'S SIGNATURE <u>Earl Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett L. Cheatham</u>		ADDRESS <u>Beeds Springs Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

300
48

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.

Signed _____

Errett J. Cheatham

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3870

P. O. Address _____

Halena Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Continuing statements will not be accepted, draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 17662

State of Missouri }
County of Stone } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 511

On this 4 day of June, 1953, before me appears
Everett J. Cheatham, who, upon his oath, states that the original record of death
for William Abner Davis, died MAY 29, 1953, in the State of
Missouri, and which was filed at SPRINGFIELD, MO. on 5-29, 1953, should be corrected as follows:

Item No. 16 should read 566-07-4279

Instead of UNKNOWN

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: *Everett J. Cheatham* Jun. 14 1953
Everett J. Cheatham
Salena Mo.
Present Address.

Subscribed and sworn to before me this 4th day of June, 1953, 194.

My Commission expires April 15, 1957. *Paul Allison* Notary Public.

