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FILED AUG 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29251

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 3040 Registrar's No. 115

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chillicothe hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe 0592
d. STREET ADDRESS (If rural, give location): 426 Clay St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle): Jerome
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): Aug. 10, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 16, 1895
9. AGE (In years last birthday): 58 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist
10b. KIND OF BUSINESS OR INDUSTRY: Dr. of Dent. Surg.
11. BIRTHPLACE (State or foreign country): Clarinda, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: William Davis
13b. MOTHER'S MAIDEN NAME: Matilda Beery
14. NAME OF HUSBAND OR WIFE: Florence Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Florence Davis-Chillicothe, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene Left lower Extremity — Interval between onset and death: 2 wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Arteriosclerosis — 6 yrs.
DUE TO (c) Cardio-Renal Hypertension — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Renal Insufficiency 442 days

19a. DATE OF OPERATION: 31 July 53
19b. MAJOR FINDINGS OF OPERATION: Arteriosclerosis & gangrene Lt. leg.
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 29 June, 1953, *to* 10 Aug, 1953, *that I last saw the deceased alive on* 9 Aug, 1953, *and that death occurred at* 2:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Chillicothe Mo.
23c. DATE SIGNED: 10 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Mt. Ayr, Iowa

DATE REC'D BY LOCAL REG.: Aug-10-53.
REGISTRAR'S SIGNATURE: Frances B Neill 171
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Donald Gordon Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1

APR 2 1954

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 Donald Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.