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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35825

FILED OCT 28 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4848

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo.
c. LENGTH OF STAY (in this place): 7 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri, b. COUNTY: Johnson 0510
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centerview, R.R. I.
d. STREET ADDRESS (If rural, give location): Rural R. #1, Centerview, Mo.

3. NAME OF DECEASED (Type or Print) a. (First): Logan b. (Middle): ~~Davis~~ Davis, c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2, 1953

5. SEX: Male **6. COLOR OR RACE**: White, **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married, **8. DATE OF BIRTH**: Nov. 10th-1882 **9. AGE** (In years last birthday): 70 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): Farmer, **10b. KIND OF BUSINESS OR INDUSTRY**: Farming, **11. BIRTHPLACE** (State or foreign country): Johnson County, Missouri **12. CITIZEN OF WHAT COUNTRY**: U.S.A.

13a. FATHER'S NAME: William C. Davis, **13b. MOTHER'S MAIDEN NAME**: Annie D. Wilson, **14. NAME OF HUSBAND OR WIFE**: Clara Middelton Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no **16. SOCIAL SECURITY NO.**: none **17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs. Clara Davis, Centerview, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete atrioventricular Block, with congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Heart disease of unknown etiology

DUE TO (c)

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

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19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES [X] 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* Sept 23, 1953, *to* 10-2-, 1953, *that I last saw the deceased alive on* 10-2-, 1953 *and that death occurred at* 2:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE John F. Mc Donnell (Degree or title) John F. McDonnell M.D. **23b. ADDRESS**: Kansas City, Mo. **23c. DATE SIGNED**: 10-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: 10-4-1953 **24c. NAME OF CEMETERY OR CREMATORY**: Sunset Hill Cemetery **24d. LOCATION** (City, town, or county) (State): Warrensburg, Missouri

DATE REC'D BY LOCAL REG.: 10-9-53 **REGISTRAR'S SIGNATURE**: Geraldine Smith **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: R.A. Bauninger Warrensburg, 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 ..... working under my personal supervision.

Student Embalmer No.....

Signed R A Brauninger

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrenburg, 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.