

FILED NOV 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41860**

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

BIRTH NO. _____		REG. DIST. NO. <u>332</u>		PRIMARY REG. DIST. NO. <u>6199</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Taney</u>		a. STATE <u>MO</u>		b. COUNTY <u>Taney</u>			
b. CITY OR TOWN <u>Kiame Mills</u>		c. LENGTH OF STAY (If in place) <u>all life</u>		c. CITY OR TOWN <u>Kiame Mills</u>		1060 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Hiram</u>	b. (Middle) <u>Arthur</u>	c. (Last) <u>David</u>	Date (Month) (Day) (Year)	10	- 27	- 53	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-5-1893</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>22</u>	IF UNDER 1 YEAR Days <u></u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
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>Stock Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Taney Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Johnny David</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Rouse</u>		14. NAME OF HUSBAND OR WIFE <u>Maudie David</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maudie David Kiame Mills MO</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Heart Attack</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.		ANTECEDENT CAUSES					
		DUE TO (b) <u>had been treated for 15 years for</u>					
		DUE TO (c) <u>Arteriosclerotic Heart Disease</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>By doctor until August of 1953 who would not sign death certificate. As he had not been here for 2 months - 4200</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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. 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>Oct 27, 1953</u> , to <u>Oct 27, 1953</u> , that I last saw the deceased <u>Dec 27, 1953</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry Gandy Cramer</u> (Degree or title) <u>Reg. Rep.</u>				23b. ADDRESS <u>Branson MO</u>		23c. DATE SIGNED <u>11-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-31-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kiame Mills</u>		24d. LOCATION (City, town, or county) (State) <u>Kiame Mills MO</u>		
DATE REC'D BY LOCAL REG. <u>11/23/53</u>		REGISTRAR'S SIGNATURE <u>J. C. Logwood 3761</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold J. Jurek</u> ADDRESS <u>Home</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 *Walter S. Cobb* \_\_\_\_\_

Licensed Embalmer No. *4731* \_\_\_\_\_

P. O. Address *Fayette 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.