

FILED DEC 21 1953

STANDARD CERTIFICATE OF DEATH

State File No. 43685

BIRTH NO.		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 4339		Registrar's No. 573	
1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		c. LENGTH OF STAY (In this place) 37 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION N. MAIN ST				d. STREET ADDRESS (If rural, give location) N. MAIN ST.			
3. NAME OF DECEASED (Type or Print) a. (First) RUSSELL b. (Middle) WALTER c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) DEC. 19, 1953				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 16,	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY CITY POWER PLANT		11. BIRTHPLACE (State or foreign country) MONROE Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN DAVIS		13b. MOTHER'S MAIDEN NAME LAURA ENOCHS		14. NAME OF HUSBAND OR WIFE ANNA JEAN DAVIS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 544-28-8725		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS RUSSELL DAVIS, PARIS, 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) Coronary Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH 8 hrs	
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., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Dec 18, 1953 to DEC. 19, 1953 , that I last saw the deceased alive on DEC 19, 1953 , and that death occurred at 3:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Geo W. Reynolds M.D.				23b. ADDRESS PARIS, Mo		23c. DATE SIGNED 12-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-20-53	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS MO.		
DATE REC'D BY LOCAL REG. 12-19-53		REGISTRAR'S SIGNATURE G. A. Barnetson, D.O.		43504		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed & Blakey, PARIS, MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1958

MS
APR 23 1959

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 E. M. Mynow

Licensed Embalmer No. 4000

P. O. Address PARI, MISSOURI

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.