

FILED DEC 14 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 36821

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5277 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grant Twp</u>	c. LENGTH OF STAY (in this place) <u>years</u>	c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. TOWN NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>Grant Twp. 0220</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edward B. Davis</u>	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>11-30-1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-1-1864</u>	9. AGE (in years last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brown Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Muscatine Co., Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stolbe</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Harris Davis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Guy Anthony Farmington Iowa</u>	ADDRESS <u>Farmington Iowa</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration Heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old age</u>		
	DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cystitis &amp; prostatitis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 10, 1952, to Nov 30, 1954, that I last saw the deceased alive on Nov 29, 1954, and that death occurred at 7:40A m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Dr. Ira L. Christy, D.O.</u>	23b. ADDRESS <u>Farmington Iowa</u>	23c. DATE SIGNED <u>Dec. 6, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-2-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kahola Cemetery Kahola Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Kahola Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/7-54</u>	REGISTRAR'S SIGNATURE <u>A. B. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Jack</u>	ADDRESS <u>Kahola Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Full name of the body*  
**(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*....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Fred J Karle*.....

Licensed Embalmer No. *102*

P. O. Address *Kahoka*

*MADE IN U.S.A.*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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