

41969

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 16 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 284 PRIMARY REG. DIST. NO. 5964 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If different, indicate residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Rural R70 3 R x 84</u>		c. CITY OR TOWN <u>Parkville,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>18 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>R70-3 - Box 84</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parkville, Mo</u>			

3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Oliver</u> c. (Last) <u>Davis,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28 - 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	
8. DATE OF BIRTH <u>Jan 23 1875</u>		9. AGE (In years last birthday) <u>79.</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Pittsburg 1, Kenna.</u>		12. CITIZEN OF WHAT COUNTRY?	
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>Grain &amp; Stock</u>			

13a. FATHER'S NAME <u>John Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Summ Lascarat.</u>		14. NAME OF HUSBAND OR WIFE <u>Laura May Abbey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, see page 4) <u>no</u> (If yes, give year or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Laura May Abbey</u> ADDRESS <u>Parkville Mo</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis coronary 1 year</u> DUE TO (c) <u>Unmyelized arteriosclerosis 2 years</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? 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.) <u>Parkville</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Nov 28, 1954, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. C. Thurman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1151st Parkville Mo</u>		23c. DATE SIGNED <u>Dec 5 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>Dec 1-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Slope</u>	
24d. LOCATION (City, town, or county) <u>Parkville</u>		24e. (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>Dec 1-1954</u>		REGISTRAR'S SIGNATURE <u>Alpha R. Collins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland H. Francis</u> ADDRESS <u>Parkville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

8301



**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.....  
Signature of Student Embalmer

Signed *Leland M. Francis*.....

Licensed Embalmer No. *345*  
P. O. Address *Parkville*.....

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.