

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37666**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **4403** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY <b>Jameson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jameson</b>	
b. CITY OR TOWN <b>Steele</b>		c. CITY OR TOWN <b>Steele</b>	
c. LENGTH OF STAY (in this place) <b>33 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>0780</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Felix</b> b. (Middle) <b>Garfield</b> c. (Last) <b>Davis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-15-55</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11-28-1880</b>	9. AGE (in years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>17</b>	IF UNDER 12 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City, and State or Foreign Country) <b>Henderson Co Tenn</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>J.W. Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Hendrix</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Luther Davis</b> ADDRESS <b>Steele Mo</b>
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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, asthma, etc. *It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4-13-55</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Vascular accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331x</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 **April 13, 1955**, to **Oct 15, 1955**, that I last saw the deceased alive on **Oct 15, 1955**, and that death occurred at **10:15 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William J. Turner MD</b>	23b. ADDRESS <b>Steele Mo.</b>	23c. DATE SIGNED <b>10/19/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-17-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Christian Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>Lexington Tenn</b>
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DATE REC'D BY LOCAL REG. <b>11-15-55</b>	REGISTRAR'S SIGNATURE <b>L. J. Oldham</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Turner and Co.</b> ADDRESS <b>Steele Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-330-55

NOV 19 1955

BOONVILLE COUNTY HEALTH DEPARTMENT  
COURT HOUSE PHONE 79  
CARUTHERSVILLE, MO.

OCT 26 1958

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 *John G. German*

Licensed Embalmer No. *436*

P. O. Address *Hayti, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.