

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13817

State File No.

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 562a Registrar's No. 32

05220

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

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>4 1/2 mi S. W. Knox City</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>4 1/2 mi S. W. Knox City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>2520</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LIONEL</u> b. (Middle) <u>PEARL</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 30, 1956</u>
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>24 Mar 1900</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Lewis County</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>		13. FATHER'S NAME <u>WALTER DAVIS</u>	
13b. MOTHER'S MAIDEN NAME <u>ALMEDA CHAPPELL</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Elsie Davis</u>	
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>487-12-4588</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elsie Davis</u>		ADDRESS <u>Knox City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Embolism</u> ANTECEDENT CAUSES <u>Thrombo-Phlebitis</u> DUE TO (b) <u>Thrombo-Phlebitis</u> DUE TO (c) _____ 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 _____	
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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>464X</u>	
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>Feb 12, 1956</u> , to <u>Apr 30, 1956</u> , that I last saw the deceased alive on <u>Apr 27, 1956</u> and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Helle A. Hunolt MD</u>		23b. ADDRESS <u>Knox City Mo</u>	
23c. DATE SIGNED <u>5/1/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>3 May 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linville cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Edina, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. B. Primer</u>	
DATE REC'D BY LOCAL REG. <u>May 2-56</u>		REGISTRAR'S SIGNATURE <u>Helle A. Hunolt</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>A. B. Primer</u>		ADDRESS <u>Edina, Mo</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, [REDACTED]

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Miss J. W. Hudson

Licensed Embalmer No. *2972*

P. O. Address *Edina, 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.