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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19872

State File No. _____

FILED JUL 3 1956

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 83

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| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u> | | c. LENGTH OF STAY (In this place) <u>12 days</u> | c. CITY OR TOWN <u>Archie</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>Rural Everett Township</u> | |

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| 3. NAME OF DECEASED a. (First) <u>Jurusha</u> b. (Middle) _____ c. (Last) <u>Davis</u> | | 4. DATE OF DEATH <u>June 22 1956</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 1, 1876</u> |
| 9. AGE (In years last birthday) <u>80</u> | | IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u> | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Everett Cass Co. Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13. FATHER'S NAME <u>John Leslie Pyle</u> | |

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| 13a. FATHER'S NAME <u>John Leslie Pyle</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Beatty</u> | 14. NAME OF HUSBAND OR WIFE <u>Homer H. 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>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Howard Davis</u> ADDRESS <u>Archie, Missouri</u> | |

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|--|--|----------------------------------|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, Generalized</u> | | DUPLICATE | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUPLICATE | | |
| DUPLICATE | | II. OTHER SIGNIFICANT CONDITIONS | | |
| Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephrosclerosis</u> | | DUPLICATE | | |

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| 19a. DATE OF OPERATION <u>✓</u> | 19b. MAJOR FINDINGS OF OPERATION <u>446X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | |
| 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? _____ | |

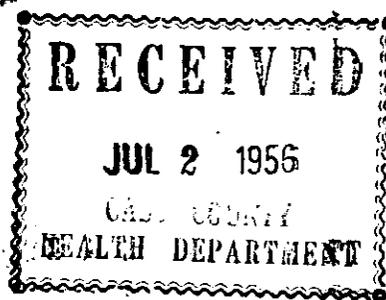
22. I hereby certify that I attended the deceased from 1954 to June 22, 1956, that I last saw the deceased alive on June 22, 1956, and that death occurred at 7 P m., from the causes and on the date stated above.

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|---|---------------------------------------|---|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | 23b. ADDRESS <u>Harrisonville Mo.</u> | 23c. DATE SIGNED <u>23 June 1956</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6/24/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u> |
| 24d. LOCATION (City, town, or county) <u>Drexel, Missouri</u> | | (State) _____ |

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| DATE REC'D BY LOCAL REG. <u>June 24/1956</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____ |
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(Licensed Embalmer's Statement on Reverse Side)

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



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 *Robert W. Robinson*

Licensed Embalmer No. *4902*

P. O. Address *Harrisonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.