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FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19950

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>71</u>			
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u>					
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY OR TOWN <u>CAMERON.</u>		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 <u>Home 605 S. Chestnut</u>				e. STREET ADDRESS (If rural, give location) <u>605 S. Chestnut St. 025/5</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>Sherman</u> c. (Last) <u>Davis.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1956.</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>		8. DATE OF BIRTH <u>Dec 24 1873</u>			
9. AGE (in years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 1 HRS. _____			
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>Farming.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kingston - Mich.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13. FATHER'S NAME <u>George R. Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth H. Harlock</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Pearl Knappe St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia.</u>				<u>Chronic Myocardial insufficiency 10 yrs.</u>				<u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial degeneration?</u>				DUE TO (c) <u>Generalized Arteriosclerosis.</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>bilateral Chronic glomerulonephritis.</u>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4222</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.) _____		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 <u>3-21-1955</u> to <u>6-23-1956</u> that I last saw the deceased alive on <u>6-23-1956</u> and that death occurred at <u>3:00 PM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. H. Brown M.D.</u>				23b. ADDRESS <u>Cameron, Mo</u>		23c. DATE SIGNED <u>6-30-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June 26-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FERRIN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>FERRIN - Mo</u>			
DATE REC'D BY LOCAL REG. <u>7-5-56</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>De Moss</u>		ADDRESS <u>CRANK CAMERON, MO</u>			

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

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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 *Lee Mow Evers*.....

Licensed Embalmer No. *25*.....

P. O. Address *Lameron*.....

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.