

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22548

FILED JUL 10 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6186 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Day</u>	c. LENGTH OF STAY (In this place) <u>Rural</u>	c. CITY OR TOWN <u>Day</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Rt 1080</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Xury</u>	b. (Middle) <u>Elmer</u>	c. (Last) <u>Davis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-29-56</u>
-------------------------------------	------------------------	--------------------------	------------------------	--

5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-5-1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins _____
-----------------	---------------------------	---	-----------------------------------	---	---	---

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>General Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chestnut MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	--	---	---

13a. FATHER'S NAME <u>John H. Davis</u>	13b. MOTHER'S MARRIAGE NAME <u>Jane Stewart</u>	14. NAME OF HUSBAND OR WIFE <u>Baldie Davis</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Baldie Davis</u>	ADDRESS <u>Day 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Urinary Retention</u>		

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)
--	--	---

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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Jan 1956, 1956, to May 28, 1956, that I last saw the deceased alive on May 28, 1956 and that death occurred at 11:25 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joe D. Bennett M.D.</u>	23b. ADDRESS <u>Branson MO</u>	23c. DATE SIGNED <u>6-30-56</u>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>General</u>	24b. DATE <u>7-11-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spokane Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Spokane MO</u>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>7/3/56</u>	REGISTRAR'S SIGNATURE <u>Helene Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Whitaker Funeral Home</u>	ADDRESS <u>Branson MO.</u>
--	--	---	----------------------------

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

514

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 *Minnie L. Welchel*.....

Licensed Embalmer No. *2277*.....

P. O. Address *Bronson*.....

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.