

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26693**  
**231**

FILED AUG 20 1956

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>4218</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY OR TOWN <b>Lincoln</b>		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 <b>Windsor Hosp</b>				e. STREET ADDRESS (If rural, give location) <b>2 1/2 N. W. 2080</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>Wesley</b> c. (Last) <b>Davis</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 14, 1956</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>May 9, 1899</b>	
9. AGE (In years) <b>57</b>		10. UNDER 1 YEAR (Months) <b>3</b>		11. UNDER 24 HRS. (Hours) <b>5</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm owner</b>		11. BIRTH PLACE (City and State or Foreign Country) <b>Lincoln, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George W. Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Myrtle Wright</b>		14. NAME OF HUSBAND OR WIFE <b>Jessica Davis</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-03-4379</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jessica Davis Lincoln</b> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>Cerebral Artery Disease</b> Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <b>40 hrs.</b> <b>1-2 yrs.</b>	
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) <b>331X</b>			
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 <b>8-12</b> , 19 <b>56</b> , to <b>8-14</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>8-14</b> , 19 <b>56</b> and that death occurred at <b>2:30</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <b>Clarence M. Thuermer, M.D.</b>				23b. ADDRESS <b>Windsor Mo.</b>		23c. DATE SIGNED <b>8-14-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 16, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairfield Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Fairfield Benton Co. Mo</b>	
DATE REC'D BY LOCAL REG. <b>8-17-56</b>		REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John F. Davis</b> ADDRESS <b>Lincoln, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*John F. Reser*

Licensed Embalmer No. 409

P. O. Address.....  
Warsaw

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.