

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26693**

FILED AUG 20 1956

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **231**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) Windsor		c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Lincoln
d. FULL NAME OF HOSPITAL OR INSTITUTION Windsor Hoop		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 2 1/2 N. W. 2080	

3. NAME OF DECEASED a. (First) JAMES b. (Middle) Wesley c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) Aug 14, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH May 9, 1899		9. AGE (In years) (Months) (Days) 57 3 5		10. UNDER 1 YEAR 3 5	
11. BIRTH PLACE (City and State or Foreign Country) Lincoln, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
10b. KIND OF BUSINESS OR INDUSTRY Farm owned		11. BIRTH PLACE (City and State or Foreign Country) Lincoln, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George W. Davis		13b. MOTHER'S MAIDEN NAME Myrtle Wight		14. NAME OF HUSBAND OR WIFE Jessica Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 496-03-4379		17. INFORMANT'S SIGNATURE OR NAME Jessica Davis Lincoln 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 40 hrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral Artery Disease		1-2 yrs.	
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) 331X	
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 **8-12, 1956**, to **8-14, 1956**, that I last saw the deceased alive on **8-14, 1956** and that death occurred at **2:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clairde M. Thurber, M.D.		23b. ADDRESS Windsor Mo.		23c. DATE SIGNED 8-14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 16, 1956		24c. NAME OF CEMETERY OR CREMATORY Fairfield Cemetery	
24d. LOCATION (City, town, or county) (State) Fairfield Benton Co. Mo		25. FUNERAL DIRECTOR'S SIGNATURE Mildred Bigum		25. FUNERAL DIRECTOR'S ADDRESS John F. Reed Lincoln, Mo	

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

521

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.