

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33553

State File No. _____

FILED NOV 1 - 1956

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 407 N. DOUGLASS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MALDEN	
c. LENGTH OF STAY (in this place) LIFE			
d. FULL NAME OF HOSPITAL OR INSTITUTION MALDEN, MO.		d. STREET ADDRESS (If rural, give location) 407 N. DOUGLASS	

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS	b. (Middle) SIDNEY	c. (Last) DAVIS	4. DATE OF DEATH (Month) (Day) (Year) 10-11-1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-30-1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs. Hours	IF UNDER 15 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE AGENCY	10b. KIND OF BUSINESS OR INDUSTRY INSURANCE	11. BIRTHPLACE (State or foreign country) KANSAS CITY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ALBERT S. DAVIS	13b. MOTHER'S MAIDEN NAME CARRIE DAWSON	14. NAME OF HUSBAND OR WIFE ROBERTA DAVIS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO.	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) NO. 492-16-6789	17. INFORMANT'S SIGNATURE OR NAME ROBERTA DAVIS	ADDRESS MALDEN, MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease.		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7-6, 1953, to 10-9, 1956, that I last saw the deceased alive on 10-9, 1956, and that death occurred at 10:25P., from the causes and on the date stated above.

23a. SIGNATURE David H. Coon	(Degree or title) M.D.	23b. ADDRESS Malden, Mo.	23c. DATE SIGNED 10-11-56.
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-13-56	24c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY	24d. LOCATION (City, town, or county) (State) MALDEN, MO.
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DATE REC'D BY LOCAL REG. 10-17-56	REGISTRAR'S SIGNATURE J. D. Schuman	25. FUNERAL DIRECTOR'S SIGNATURE MALDEN, MISSOURI? DAY FUNERAL HOME	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

351

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 10-23-56
COUNTY FILE NUMBER 1056-406

NOV 3 1956

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
Student Embalmer

Signed

J. J. Shuman

Licensed Embalmer No. 4086

P. O. Address *Malden*

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 this body is not embalmed, fact should be so stated above.