

STANDARD CERTIFICATE OF DEATH

State File No. **40330**

FILED DEC 10 1956

BIRTH NO. _____ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **4515** Registrar's No. **7**

1050

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

1. PLACE OF DEATH a. COUNTY SULLIVAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SULLIVAN	
b. CITY (If outside corporate limits, write RURAL and give township) MILAN,		c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN OSGOOD
d. FULL NAME OF HOSPITAL OR INSTITUTION SULLIVAN CO. MEM. HOSP.		d. Is 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) 1050			

3. NAME OF DECEASED (Type or Print) a. (First) JEFFERSON b. (Middle) C. c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) 11 30 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-16-1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 1 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Cleveland, Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charley Davis		13b. MOTHER'S MAIDEN NAME Mollie Fields		14. NAME OF HUSBAND OR WIFE Audrey Cook 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carroll Smith Milan, Mo	

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 4 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Insuff. food intake 6 days		
DUE TO (c) acute pulmonary edema 6 days		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pulmonary hemorrhage, left heart failure, advanced arterio-sclerotic cardiovascular disease	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221		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 19, to 19, that I last saw the deceased alive on 11/29, 1956, and that death occurred at 8:35A m., from the causes and on the date stated above.

23a. SIGNATURE Joseph E. ...	(Degree or title)	23b. ADDRESS 217 E. Second St., Milan	23c. DATE SIGNED 11-30-56
--	-------------------	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-2-56	24c. NAME OF CEMETERY OR CREMATORY Camp Grand Cem	24d. LOCATION (City, town, or county) (State) Osgood Mo
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. 12-4-56	REGISTRAR'S SIGNATURE Mrs. M. W. Beckett	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. K. Payne & Son Salt Mo
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

25

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.....
PK Payne Jr

Licensed Embalmer No. *3400*

P. O. Address *Salt*

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.