

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40515

STATE FILE NUMBER

FILED JAN 8 1957

Registration District No. 27 Primary Registration District No. H037 Registrar's No. 174

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| 1. PLACE OF DEATH a. COUNTY Bates | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Foster | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Foster <i>2072</i> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Foster Missouri | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) Walnut Twp. |
| 3. NAME OF DECEASED (Type or print) Harry Garnett Davis <i>First Middle Last</i> | | | 4. DATE OF DEATH Dec 24 1956 <i>Month Day Year</i> |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb 8 1874 |
| 10a. USUAL OCCUPATION (Give kind of work done (If retired)) retired teacher | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Bates Co Missouri |
| 13. FATHER'S NAME George W Davis | | 14. MOTHER'S MAIDEN NAME Arabella Edwards | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Jessie Hubbard-Phoenix Ariz <i>Address</i> |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Coronary artery disease DUE TO (c) generalized arteriosclerosis 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Subject was found dead by neighbor, approx. 15 hrs. flooded. | | | INTERVAL BETWEEN ONSET AND DEATH unknown |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from approx. 10 PM to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Doctor or other) Dorothy H. Hutchins | | 22b. ADDRESS Coroner, Bates Co., Mo. 1125. Hanna Bldg. Mo | 22c. DATE SIGNED 26 Dec 1956 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/28/56 | 23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery | 23d. LOCATION (City, town, or county) (State) Foster Missouri |
| 24. FUNERAL DIRECTOR Culver Underwood-Butler Mo. | | 25. DATE RECD. BY LOCAL REG. Dec. 26-1956 | 26. REGISTRAR'S SIGNATURE Stendall Perry |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in name of diseases in Part I must be casually related.

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 G. Underwood*.....
Licensed Embalmer No. 3585

P. O. Address Butler MI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.