. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 7 - 1957

STATE FILE NUMBER 12618

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 57-28

1. PLACE OF DEATH
a. COUNTY Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hosp. — Length of stay in 1b 12 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dade
c. CITY OR TOWN Dadeville — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) E. part of town — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First William Middle Edgar Last Davis
4. DATE OF DEATH Month Apr. Day 17 Year 1957
5. SEX M
6. COLOR OR RACE W
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 20, 1891
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Polk County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Anderson Davis
14. MOTHER'S MAIDEN NAME Doris Stanley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 500-01-6606
17. INFORMANT Mrs. Ruby A. Davis; Address Dadeville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 12 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized — Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Hypertension, Essential 332X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-5-57, to Apr. 17, 1957 and last saw ~~him~~ him alive on 4-17-57
Death occurred at 11:25 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lee A. McNeely (Degree or title) MD
22b. ADDRESS Greenfield, Mo.
22c. DATE SIGNED 4-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Apr. 20, 1957
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Masonic Cemetery
23d. LOCATION (City, town, or county) Dadeville (State) Mo.
24. FUNERAL DIRECTOR J. C. Canada ADDRESS Greenfield, Mo.
25. DATE RECD. BY LOCAL REG. 4-20-57
26. REGISTRAR'S SIGNATURE J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

securing the medical certification in the specific manner required by 193.140 MoRS 1949.

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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 emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield

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