

FILED AUG 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH'57 027423
State File No.

BIRTH NO.		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>5060</u>		Registrar's No. <u>113</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Barry</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Pioneer</u>		c. LENGTH OF STAY (In this place) <u>60475</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His - Home</u>				c. CITY OR TOWN <u>Fairview</u>		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) <u>8050</u>							
3. NAME OF DECEASED (Type or Print) <u>Reuben</u>		a. (First)		b. (Middle)		c. (Last) <u>Davis</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4-1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Jan-1-1861</u>		9. AGE (In years last birthday) <u>96</u>		UNDER 1 YEAR Months <u>7</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William A. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Inman</u>		14. NAME OF HUSBAND OR WIFE <u>Janic Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Ross Fairview Mo R 7D</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>	
*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u>Cardio-Vascular-Renal Syndrome</u> <u>Unknown</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		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? <u>2</u> 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)		<u>442x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>7-18</u> , 19 <u>57</u> , to <u>8-4</u> , 19 <u>57</u> , that I last saw the deceased live on <u>8-4</u> , 19 <u>57</u> , and that death occurred at <u>8:45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul L. Fair</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Fairview Mo</u>		23c. DATE SIGNED <u>8/6/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug-6-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Muney</u>		24d. LOCATION (City, town, or county) (State) <u>Barry Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-17-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. P. D. Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McQueen Funeral Home</u> ADDRESS <u>Wheaton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 857-147

DATE REC. 8-19-57

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 Paul D. Herbert

Licensed Embalmer No. 457

P. O. Address Cassville

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.