

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3280 27782
STATE FILE NUMBER

FILED JUL 29 1957

Registration District No. 70 Primary Registration District No. ~~4124~~ Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If Institution Residence before admission) a. STATE Mo. b. COUNTY Clark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kahoka Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kahoka Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural Length of stay in 1b		d. STREET ADDRESS (If outside, give location) R.F.D. 1 Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Edward Middle Vance Last Davis			4. DATE OF DEATH Month July Day 20 Year 1957
5. SEX male	6. COLOR OF RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 15-1898
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce		10b. KIND OF BUSINESS OR INDUSTRY Produce	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Vance Davis	
14. MOTHER'S MAIDEN NAME Emma Paulaud		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>	
16. SOCIAL SECURITY NO. 484-09-3876		17. INFORMANT Mrs. Mary Davis - Kahoka Mo Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Insufficiency DUE TO (c) Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 1 day 1 day 1 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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 5:00 Month 7 Day 20 Year 1957 a. m. PM 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 Kahoka, Mo. COUNTY Clark STATE MO	
21. I attended the deceased from July 20, 1957 and last saw her alive on July 20, 1957 Death occurred at 5:00 PM in on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Perry S. Burton, D.O.		22b. ADDRESS Kahoka, Mo.	
22c. DATE SIGNED 7-20-57		23. NAME OF CEMETERY OR CREMATORY Mt. Moriah Co.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. LOCATION (City, town, or county) (State) Scotland Co. MO	
24. FUNERAL DIRECTOR Olis S. Suttney - Kahoka		25. DATE RECD. BY LOCAL REG. 7/22/57	
26. REGISTRAR'S SIGNATURE J. R. Beiler			

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2230
100
56

AUG 2 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by John Bohin....., Student Embalmer No. 5
working under my personal supervision..

Student John Bohin
Signature of Student Embalmer

Signed Chas. L. Lutting

Licensed Embalmer No. 2

P. O. Address USA

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.