

FILED NOV 4 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1153

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Euchanan</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 1, 1896</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Mound City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>West edge of town</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Methodist Hosp.</u>		Length of stay in lb <u>1 day</u>		3. NAME OF DECEASED (Type or print) First <u>Lee</u> Middle <u>Oren</u> Last <u>Davis</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>20,</u> Year <u>1957</u>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain & Lvestk</u>		11. BIRTHPLACE (City and state or country) <u>Maitland, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>									
13a. FATHER'S NAME <u>Eud. O. Davis</u>				13b. MOTHER'S MAIDEN NAME <u>Hattie Ashworth</u>				14. NAME OF HUSBAND OR WIFE <u>Minnie 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>488-14-5241</u>		17. INFORMANT <u>Eldon Davis, Mound Ckty, Missouri</u>				Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u>												INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac insufficiency</u>												<u>36 hrs.</u>			
DUE TO (c) <u>Chronic cor pulmonale</u>												<u>525X Yrs.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Right lower lobar pneumonia; pulmonary fibrosis and emphsema; bronchi-</u>												19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II) <u>Accidental</u>													
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.															
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		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 <u>10/19/57</u> to <u>10/20/57</u> and last saw her alive on <u>10/20/57</u> Death occurred at <u>11:00 A.</u> on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>Caryl A. Potter</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>St. Joseph, Missouri</u> <u>Physicians & Surgeons Bldg.</u>				22c. DATE SIGNED <u>10/25/57</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Oct. 21, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>K. of P. Cemetery</u>		23d. LOCATION (City, town, or county) <u>Maitland, Missouri</u>		(State)							
24. FUNERAL DIRECTOR <u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Oct. 29, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 5 1957
NOV 8 1957

NOV 25 1957

VS OCT 22 1959

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 *Edward J. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

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.