

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45306

STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY <u>Helms.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Rawlson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Helms</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cuba</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Helms S. Mem.</u>		Length of stay in lb <u>2 days</u>	d. STREET ADDRESS (If outside, give location) <u>P.R. # 2</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Elmo</u> Middle <u></u> Last <u>Davis</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>15</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 23, 1878</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>22</u> Hours <u></u> Min. <u></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 <u>Retired Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Bardwell, Ky.</u>	
13. FATHER'S NAME <u>John Richard Davis</u>			14. MOTHER'S MAIDEN NAME <u>Nanette Balf.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Mrs. Davis</u> Address <u>Cuba, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho pneumonia</u> DUE TO (b) <u>Senility</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Cardiac decompensation 491X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 years</u>
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 <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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>Jan 7, 1941</u> to <u>Dec 15, 1957</u> and last saw ^{her} him alive on <u>Dec 15 '57</u> Death occurred at <u>2:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Dr. M. A. Robey</u>			22b. ADDRESS <u>Steelville, Mo</u>		22c. DATE SIGNED <u>12/16/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/18-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Funeral Cemetery</u>	
				23d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u>	
24. FUNERAL DIRECTOR <u>Paul D. Hamilton</u>		ADDRESS <u>Cuba, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 17, 1957</u>	
				26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	

RECEIVED

Phe'ps County Health Officer

County File Number 916

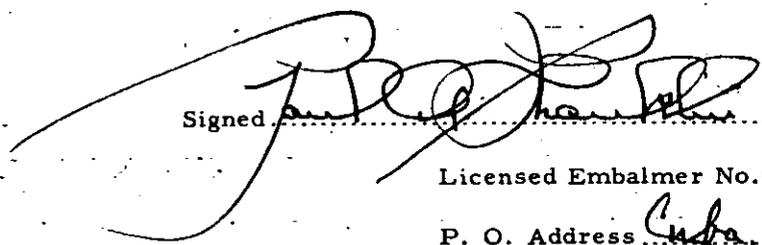
Date Filed 12/27/59

JAN 7 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 

Licensed Embalmer No. 3477

P. O. Address Cuba, 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.