

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010593  
Start File No. ....

FILED APR 7 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5677 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Union Twp.</b> ) c. LENGTH OF STAY (In this place) <b>20 yrs</b>		c. CITY OR TOWN <b>Briscoe</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Farm Residence</b>		e. STREET ADDRESS (If rural, give location) <b>Briscoe Rural Rt. #1</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Herbert</b>	b. (Middle) <b>Franklin</b>	c. (Last) <b>Davis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 25, 1958</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr. 3, 1905</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Stockman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Samuel Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Nettie Whiteside</b>	14. NAME OF HUSBAND OR WIFE <b>Mary B. Luck Davis</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>493-42-9332</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary B. Davis</b>	ADDRESS <b>Briscoe, Mo rt#1</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 4/5</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2</b>
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22. I hereby certify that I attended the deceased from **Mar. 22, 1958**, to **Mar 25, 1958**, that I last saw the deceased alive on **Mar 25, 1958**, and that death occurred at **6:30A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D. O</b>	23b. ADDRESS <b>Troy, Missouri</b>	23c. DATE SIGNED <b>3/26/58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/27/58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mill Creek Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lincoln Co. Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4/5/1958</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Kemper-Marsh Funeral Home Troy, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

43

JUN 6 1958

MS JUL 15 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, Joseph ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Joseph Q. Marsh  
Licensed Embalmer No...3932

P. O. Address Troy, Missouri

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.