

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014741

STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 30

0500
300
1-56

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

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jefferson</u> <u>0500</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DE SOTO VALLE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>DE SOTO</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LATHE #3</u> Length of stay in lb <u>11 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>R 3</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Percy</u> Middle <u>K.</u> Last <u>DAVIS</u>		4. DATE OF DEATH Month <u>April</u> Day <u>18</u> Year <u>1958</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 checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 29 1896</u> <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>National Beamings</u>	11. BIRTHPLACE (City and state or country) <u>Marion Mo.</u>
13. FATHER'S NAME <u>THOMAS J DAVIS</u>		14. MOTHER'S MAIDEN NAME <u>SARAH Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>498-01-8125</u>	17. INFORMANT <u>RAYMOND DAVIS 2009 Angus St. Louis Mo.</u> 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) <u>CORONARY OCCULSION</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>4201</u>
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ a. m. _____ p. m. _____ Month, Day, Year _____			
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.) <u>FARM</u>	20f. CITY, TOWN, OR LOCATION <u>Valle</u>	COUNTY <u>Jefferson</u> STATE <u>MO</u>
21. I attended the deceased from <u>Inquest</u> to _____ and last saw her/him alive on _____ Death occurred at <u>3:00 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>Spencer John A. Brown 3</u>		22b. ADDRESS <u>St. Louis Mo</u>	22c. DATE SIGNED <u>4/19/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/23/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETHEHEM Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>WARE MO</u>
24. FUNERAL DIRECTOR <u>MAHN Funeral Home</u> ADDRESS <u>De Soto Mo</u>	25. DATE RECD. BY LOCAL REG. <u>April 21-1958</u>	26. REGISTRAR'S SIGNATURE <u>Marie Garcia</u>	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 22 1958

APR 25 1958

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..... 49

P. O. Address..... Dr. Sote

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.