

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021711

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 828

1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>Windsor</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <b>Windsor 6420</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <b>603 E Colorado St 5yrs</b>				d. STREET ADDRESS (If outside, give location) Reside on Farm <b>603 E. Colorado</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>Laura Campbell Davis</b> First Middle Last				4. DATE OF DEATH <b>May 30, 1958</b> Month Day Year			
5. SEX <b>Fe.</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>12-3-1880</b>	
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>Columbia, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>J.R. Campbell</b>				14. MOTHER'S MAIDEN NAME <b>Amelia Turner</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Glenn Davis Ontario, Calif.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b> <b>Mixed Rheumatoid &amp; Hypertrophic Arthritis</b> DUE TO (b) <b>Arthritis</b> DUE TO (c) <b>Arthritis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Chronic Kidney Disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>4-5 yrs.</b>	
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.) <b>7220</b>	
20c. TIME OF INJURY Hour a. m. p. m. <b>Hour</b>		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 <b>1-10-53</b> to <b>May-30-58</b> and last saw her alive on <b>May-30-58</b> Death occurred at <b>6: P</b> m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Donald M. Thuermer, M.D.</b>				22b. ADDRESS <b>Windsor, Mo.</b>		22c. DATE SIGNED <b>6-4-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-5-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lees Summit</b>		23d. LOCATION (City, town, or county) (State) <b>Lees Summit, Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Ellis Huston, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>6-26-58</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

**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 *Clifford Gouge* .....  
Licensed Embalmer No. *50*

P. O. Address *Windsor*

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.