

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035279

STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 359 Primary Registration District No. 6220 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Linn</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ArCADIA Kans RR #2</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>ArCADIA Kans RR #2</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ArCADIA Kans RR #2</u>			Length of stay in lb <u>26 years</u>		d. STREET ADDRESS (If outside, give location) <u>RTD # 2</u>
3. NAME OF DECEASED (Type or print) First <u>VERNON</u> Middle <u>VIRGIL</u> Last <u>DAVIS</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>16</u> Year <u>1958</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>Sept 2, 1894</u>	9. AGE (In years, last birthday) <u>64</u>	
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Farming</u>		11. BIRTHPLACE (City and state or country) <u>Moundville, Mo</u>	
13. FATHER'S NAME <u>Stewart Davis</u>			14. MOTHER'S MAIDEN NAME <u>Etta Whiteside</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>493-16-3148</u>		17. INFORMANT <u>Erma Davis ArCADIA, Kans</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>Coronary Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>25 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>					<u>1 yr.</u>
DUE TO (c) <u>Generalized Arteriosclerosis</u>					<u>5 yr.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4200</u>					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.) <u>4200</u>			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		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>9-15-58</u> <u>9-16-58</u> and last saw her/him alive on <u>9-15-58</u> Death occurred at <u>12:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Rufance, M.D.</u>			22b. ADDRESS <u>Anna, Kansas</u>		22c. DATE SIGNED <u>9-19-58</u>
23a. BURIAL, CREMATION, REMOVAL, (Specify)		23b. DATE <u>Sept 19 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stevens</u>		23d. LOCATION (City, town, or county) (State) <u>near Garland Kansas</u>
24. FUNERAL DIRECTOR <u>H.T. Moonahan</u>		ADDRESS <u>ArCADIA, Kans</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 29 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faith</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

All symptoms will be listed. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 31 1958

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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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *N. J. Mooneyhan*.....

Licensed Embalmer No. *36*

P. O. Address *Aradia*

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.