

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039728

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 96

S. 300
1-57

0

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

| | | | |
|--|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Howard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Fayette |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital | | Length of stay in lb 1 wk. | 0 yrs. d. STREET ADDRESS 810 W. Davis St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last HARLEY AMOS DAVIS | | | 4. DATE OF DEATH Month Day Year Oct. 24, 1958 |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 7, 1881 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | 11. BIRTHPLACE (City and state or country) Howard Co. Missouri 0 |
| 13a. FATHER'S NAME George Sanford Davis | | 13b. MOTHER'S MAIDEN NAME Joella Magruder | 14. NAME OF HUSBAND OR WIFE Lucy Allen |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 499-40-3329 | 17. INFORMANT Address Mrs Harley A. Davis Fayette, Mo |
| 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>Hepatic Coma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Acute Hepatitis (Dumy)</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>46</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>3 wk</u> <u>951X</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 Month, Day, Year 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 333 COUNTY STATE | |
| 21. I attended the deceased from <u>Oct 17-58</u> to <u>10-24-58</u> and last saw her alive on <u>10-24-58</u> Death occurred at <u>7 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Wa Bloom N. S.</u> (Degree or title) 0 | | 22b. ADDRESS <u>Fayette Mo</u> | 22c. DATE SIGNED <u>11-6-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/ 27/58 | 23c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery | 23d. LOCATION (City, town, or county) (State) Fayette, Missouri |
| 24. FUNERAL DIRECTOR <u>Ralph A. Can</u> ADDRESS Fayette, Missouri | | 25. DATE RECD. BY LOCAL REG. 11-6-58 | 26. REGISTRAR'S SIGNATURE <u>Mary T. Shell</u> |

FEB 7 1954

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 *Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Fayette, 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.