

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043131
State File No.

FILED DEC 23 1958

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 391

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MACON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. CITY OR TOWN <u>ELMER</u> ⁰⁶¹⁰ ₀	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home # 2</u>		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>L.</u> c. (Last) <u>Mc Davitt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12 1958</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-30-1876</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>13</u> IF UNDER 1 HR. Hours <u>-</u> Min. <u>-</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Funeral Director - Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Elmer - Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
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13a. FATHER'S NAME <u>William H Mc Davitt</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA Gash</u>		14. NAME OF HUSBAND OR WIFE <u>EFFA Mc Davitt</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tom W. Mc Davitt - Elmer, Mo</u>	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure Sudden</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Thrombotic Occlusion Sudden</u>			
		DUE TO (c) <u>Arteriosclerotic Heart Disease suppurative</u>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 12-23-58, 1958, to Dec 12, 1958, that I last saw the deceased alive on Dec 12, 1958, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George H. Scheuer, D.O.</u>		23b. ADDRESS <u>Kirksville, Mo</u>		23c. DATE SIGNED <u>12-12-58</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-16-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shirley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>ELMER, MO</u>	
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DATE REC'D BY LOCAL REG. <u>12-16-1958</u>		REGISTRAR'S SIGNATURE <u>Don W. Rathoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>She H. Gooding - Atlanta, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 GEORGE H. SCHEUER, D.O.

OCT 24 1962

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 Thos. H. Goodding....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thos. H. Goodding.....

Licensed Embalmer No. 3982

P. O. Address Atlanta, Ga.

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.