

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044800
STATE FILE NUMBER

FILED DEC 22 1958

184

3038

Registrar's No. 143

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1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 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. 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 Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Brookfield, Mo. TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN New Boston, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital		Length of stay in lb 1 Day	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Albert Middle (Pont) Last Davis			4. DATE OF DEATH Month Dec. Day 10 Year 1958
5. SEX Male	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 October 7, 1873
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	9. AGE (In years last birthday) 85
11. BIRTHPLACE (City and state or country) Linn County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Nick Davis		14. MOTHER'S MAIDEN NAME Nancy Ray	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mollie Davis Address New Boston, 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) Hypostatic pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardiac decompensations DUE TO (c) Advanced age and generalized debility			INTERVAL BETWEEN ONSET AND DEATH 72 hrs. (Marked) 30 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Strangulated inguinal hernia.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) 4344		
20c. TIME OF INJURY Hour 10:35 Month Dec. Day 10 Year 1958 a. m. PM 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 July 7, 1952 to Dec. 10, 1958 and last saw 1/11/58 alive on 12/10/58 Death occurred at 10:35 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John W. White, D. O.		22b. ADDRESS Brookfield, Missouri	22c. DATE SIGNED 12/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Dec. 14, 1958	23c. NAME OF CEMETERY OR CREMATORY New Boston Cemetery,	23d. LOCATION (City, town, or county) (State) New Boston, Missouri
24. FUNERAL DIRECTOR Larson Funeral Service, Bucklin, Mo.		25. DATE RECD. BY LOCAL REG. 12/13/58	26. REGISTRAR'S SIGNATURE Kathaline Johnson Dep.

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.....
C. A. Larsen

Licensed Embalmer No. 4037

P. O. Address Bucklin, MS

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.