

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045158  
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <i>Pike</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pike</i>	
b. CITY OR TOWN <i>Louisiana</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Louisiana</i> 0821 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Pike County Hospital Life time</i> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>1609 North Carolina</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <i>CHARLES G. DAVIS</i>			4. DATE OF DEATH Month Day Year <i>Dec 14, 1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 15, 1887</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Maintenance</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>La Cross Lumber Co.</i>	9c. AGE (In years last birthday) <i>71</i> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) <i>Louisiana Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Noah Davis</i>		13b. MOTHER'S MAIDEN NAME <i>Amanda Griffie</i>	14. NAME OF HUSBAND OR WIFE <i>Lula Davis</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>409-05-305</i>	17. INFORMANT Address <i>Mrs. Lula Davis Louisiana Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary artery occlusion</i> DUE TO (b) <i>Arteriosclerotic hypertensive cardio-vascular renal disease.</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs.</i> <i>3 yrs</i>
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 <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 <i>9/21/56</i> to <i>12/14/58</i> and last saw <del>him</del> <sup>her</sup> <i>alive</i> on <i>12/14/58</i> Death occurred at <i>6:48 Pm</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Chas H Lewellen M.D.</i>		22b. ADDRESS <i>Louisiana, Missouri</i>	22c. DATE SIGNED <i>12-15-58</i>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12/17/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>River View</i>	23d. LOCATION (City, town, or county) (State) <i>Louisiana, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Home Funeral Home Louisiana Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>12-22-58</i>	REGISTRAR'S SIGNATURE <i>Bernice Collier</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Every entry on this form must be true and correct. No symptoms will be listed. All diseases in Part I must be causally related.

MS  
MAY 10 1960

### 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 *J. B. Stearns* .....

Licensed Embalmer No. *4039* .....

P. O. Address *Louisiana, 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.