Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004139
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Shelby b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville — Inside Limits Yes [X] No [ ] c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b: 2 yrs	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby c. CITY OR TOWN Shelbyville 1020 0 — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ERNEST Middle TEMPLE Last DAVIS

4. DATE OF DEATH: Month Jan. Day 13 Year 1959

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: July 7, 1875

9. AGE (In years last birthday): 83 — 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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Livestock&Grain

11. BIRTHPLACE (City and state or country): Monroe Co., Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William A. Davis

13b. MOTHER'S MAIDEN NAME: Martha Jane Yager

14. NAME OF HUSBAND OR WIFE: Mrs Jessie Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: 489-24-9928

17. INFORMANT: Mrs Jessie Davis — Address: Shelbyville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Embolus	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Apoplexy	
DUE TO (c)	Essential Hypertension	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Jan 1 1959 to Jan 13 1959 and last saw ~~her~~ him alive on Jan 13, 1959. Death occurred at 11:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G. W. Moreland (Degree or title) DO

22b. ADDRESS: Shelbyville Mo

22c. DATE SIGNED: 1-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-16-1959

23c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cem.

23d. LOCATION (City, town, or county) (State): Madison, Mo.

24. FUNERAL DIRECTOR: Thompson-Mackler — ADDRESS: Madison, Mo.

25. DATE RECD. BY LOCAL REG.: Jan 16 1959

26. REGISTRAR'S SIGNATURE: Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Joseph R. Machler

Licensed Embalmer No. 4571

P. O. Address Madison, Me

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.