Health, Welfare Public Service

300 1-57 C

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008167
STATE FILE NUMBER

FILED FEB 25 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Nevada, Missouri — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Nevada Hospital — Length of stay in 1b: 50 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada, Missouri — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 512 West Arch Street — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Melvin Middle: Levi Last: Davis

4. DATE OF DEATH: Month 2 Day 11 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: August 8, 1894
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 6 Days 3 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Linotype Operator
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper
11. BIRTHPLACE (City and state or country): Horace, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Owen Davis
13b. MOTHER'S MAIDEN NAME: Adella Geer
14. NAME OF HUSBAND OR WIFE: Vinetta Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 491-058723
17. INFORMANT: Vinetta Davis, Wife, Nevada, Missouri Address: 512 W-Arch St.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: about 2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Severe Influenza. 4222
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.)
ITEM 22c CORRECTED BY AFFIDAVIT OF Physician 3-11-59
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: Nevada COUNTY: Vernon STATE: Mo.

21. I attended the deceased from Feb 8-59, to Feb 11-59 and last saw him alive on Feb 11-1959
Death occurred at 12:10 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W S Love MD (Degree or title)
22b. ADDRESS: Nevada Mo
22c. DATE SIGNED: 2/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-13-1959
23c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
23d. LOCATION (City, town, or county) (State): Nevada, Missouri

24. FUNERAL DIRECTOR: Hays Funeral Service, Inc. ADDRESS: Nevada, Missouri (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: 2-16-1959
26. REGISTRAR'S SIGNATURE: Emma E. Terry

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.

APR 3 1959

MAR 6 1959

VS FEB 1 0 1959

MAR 6 1959

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 Richard L. Griffin

Licensed Embalmer No. 5053

P. O. Address Ft. Scott, Ks

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.