

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008252
STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 87

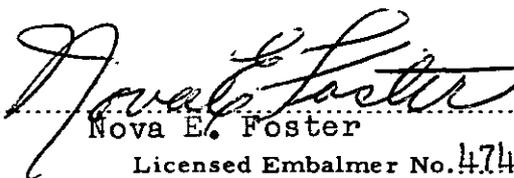
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
GEORGE H. SCHEURER, D.O.

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>Putnam</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Kirksville</u>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Warthington</u> ⁰⁸⁶⁰		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nursing Home</u>			Length of stay in lb <u>17 days</u>		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 <u>Pleasant</u> Middle <u>Jake</u> Last <u>Davis</u>				4. DATE OF DEATH Month <u>Mar</u> Day <u>15</u> Year <u>'59</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>February 17, 1883</u>		
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS.:				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer retired</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Cy Davis</u>				14. MOTHER'S MAIDEN NAME <u>Lettyann Wright</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Cleo Evans</u> Address <u>Crown Point, Ind.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> Interval <u>Hours</u> DUE TO (b) <u>Acute hemorrhagic Pancreatitis</u> Interval <u>Days</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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.) <u>5870</u>					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ 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 <u>3-7-59</u> to <u>3-15-59</u> and last saw him alive on <u>3-14-59</u> . Death occurred at <u>12:17</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>George H. Scheurer, D.O.</u>				22b. ADDRESS <u>Kirksville, Mo</u>		22c. DATE SIGNED <u>3-16-59</u>		
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE <u>3-18-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Queen City Mo</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Doolley Funeral Home</u>			25. DATE RECD. BY LOCAL REG. <u>3-16-1959</u>		26. REGISTRAR'S SIGNATURE <u>Dore W. Ratliff</u>			

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.....

Nova E. Foster
Licensed Embalmer No. 4742

P. O. Address.....
Kirksville, Mo.

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.