

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010320
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 266 Primary Registration District No. Registrar's No. 14

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Noble		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Noble
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Luther Middle E. Last Davis			4. DATE OF DEATH Month Mar. Day 8 Year 1959
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 Aug. 4, 1898
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY Own farm	9c. AGE (In years last birthday) 60
10a. FATHER'S NAME James R. Davis		10b. MOTHER'S MAIDEN NAME Julia Stanley	10c. NAME OF HUSBAND OR WIFE Hattie Davis
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. SOCIAL SECURITY NO.	13. INFORMANT Hattie Davis, Noble, Missouri
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompensation			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Interstitial nephritis			1 year
DUE TO (c)			
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 type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour _____ 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 Mar. 7, 1959 to Mar. 8, 1959 last saw her alive on Mar. 7, 1959 Death occurred at 7:30 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. J. Halerman</i> DO 2		22b. ADDRESS Gainesville, Missouri	22c. DATE SIGNED 3/17/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-10-59	23c. NAME OF CEMETERY OR CREMATORY Davis	23d. LOCATION (City, town, or county) (State) Noble, Missouri
24. FUNERAL DIRECTOR Linkingbeard Funeral Home, Ava, Mo.		25. DATE RECD. BY LOCAL REG. 3/20/59	26. REGISTRAR'S SIGNATURE <i>Shawn Graham</i>

SEP 23 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 *Lyle C. Clifton*

Licensed Embalmer No. *4230*

P. O. Address *Arva, 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.