

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014024

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Linn</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Brookfield</u>		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>McGarmy</u>		Length of stay in lb <u>Lifetime</u>	d. STREET ADDRESS (If outside, give location) <u>421 Nichols</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Almeria</u> Middle <u>Mae</u> Last <u>Davis</u>			4. DATE OF DEATH Month <u>Apr</u> Day <u>18</u> Year <u>1959</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 23 1889</u>		9. AGE (In years last birthday) <u>69</u> <u>6</u> <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Oregon</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Davis</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Fred Davis</u> Address <u>Brookfield Mo</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>Cardiac arrest</u>					INTERVAL BETWEEN ONSET AND DEATH <u>four seconds</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Probably electrolyte imbalance</u>			<u>7-8 days</u>
		DUE TO (c) <u>"Renal shutdown"</u>			<u>2-3 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Malignant hypertension</u>					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 _____ 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>1957</u> to <u>1959</u> and last saw her/him alive on <u>4-18-59</u> Death occurred at <u>6 20 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>B D Howell</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Brookfield Mo</u>		22c. DATE SIGNED <u>4-20-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Apr. 23 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	
				23d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
24. FUNERAL DIRECTOR <u>Norman Bowden</u> ADDRESS <u>Brookfield Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-23-59</u>		26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u> <u>dep.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Homer B. Borden*

Licensed Embalmer No. *3295*

P. O. Address *Brookfield, M.*

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.