

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020338

STATE FILE NUMBER

FILED JUN 22 1959

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 42

V. S. 300
Rev. 1-57

| | | | | | |
|---|------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Barton | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Lamar | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 809 Gulf | | Length of stay in lb 1 hour | d. STREET ADDRESS (If outside, give location) Route 1 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First SAMUEL Middle LESTER Last DAVIS | | | 4. DATE OF DEATH Month June Day 19 Year 1959 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 6, 1892 | | 9. AGE (In years last birthday) 66 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | 11. BIRTHPLACE (City and state or country) Raleigh, No. Carolina | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Lula Davis | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I | | 16. SOCIAL SECURITY NO. 249-14-5398 | | 17. INFORMANT Address Mr. Frank Davis Irwin, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42c1 | | | | | INTERVAL BETWEEN ONSET AND DEATH Sudden death |
| 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. Month, Day, Year _____ | | | | | |
| 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 Sudden death and last saw her alive on 6-19-59 Death occurred at Irwin, Mo. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE D.R. Guldner M.D. (Degree or title) | | | 22b. ADDRESS Irwin, Mo. | | 22c. DATE SIGNED 6-20-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE June 23, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Myrtle Beach Cemetery | | 23d. LOCATION (City, town, or county) (State) Myrtle Beach, S. Carolina |
| 24. FUNERAL DIRECTOR ADDRESS Chiles Funeral Home, Lamar, Mo. | | | 25. DATE RECD. BY LOCAL REG. JUN 20 59 | 26. REGISTRAR'S SIGNATURE Marie Korantz | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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.

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 *Charles S. Chiles*

Licensed Embalmer No. *3473*
P. O. Address..... *Chiles*

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.