

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025901

FILED VS AUG 6 1959

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 129

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Macon</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon, Mo.</u> Length of stay in 1b <u>One Week</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Samaratin Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> c. CITY OR TOWN <u>Ethel, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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>Jake</u> Middle <u>D.</u> Last <u>Davolt</u>			4. DATE OF DEATH Month <u>July</u> Day <u>27</u> Year <u>1959</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 16 1877</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u> Hours <u> </u> Min. <u> </u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Baber Shop</u>		11. BIRTHPLACE (City and state or country) <u>Ethel, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Davolt</u>			13b. MOTHER'S MAIDEN NAME <u>Mary F. Forbush</u>			14. NAME OF HUSBAND OR WIFE <u>Nettie L. Davolt</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. <u>486-12-8565</u>		17. INFORMANT Address <u>Hospital Record, Macon, Missouri</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>Congestive heart failure and uremia</u> DUE TO (b) <u>auricular fibrillation</u> DUE TO (c) <u>old bundle branch heart block</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>hypochromic anemia</u>								INTERVAL BETWEEN ONSET AND DEATH <u>30 da</u> <u>unknown</u> <u>unknown</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 <u>9:45 A.M.</u> Month, Day, Year <u>7-27-59</u>		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>7-10-59</u> to <u>7-27-59</u> and last saw ^{her} <u>him</u> alive on <u>7-27-59</u> Death occurred at <u>9:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>C. L. Dunsden D.O.</u>				22b. ADDRESS <u>Macon, Missouri</u>		22c. DATE SIGNED <u>7-28-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July, 29, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bucklin, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Larson Funeral Service, Bucklin, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>July 28, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Ruth M. Sweeney</u>			

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. A. Larsen

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.