

Dept. Health,
 & Welfare
 S. Public
 Health Service

V. S. 300
 Rev. 1-57

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

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-036729
 STATE FILE NUMBER

FILED VS OCT 19 1959

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Knox			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 2½ mi. N. Knox City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 2½ mi N. Knox City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence		Length of stay in lb 0.326	d. STREET ADDRESS (If outside, give location) 0		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) EDWIN LAWRENCE DAVIS			4. DATE OF DEATH Oct 5, 1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 14 Oct 1873		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Creed Taylor Davis		13b. MOTHER'S MAIDEN NAME Matlida Pulis		14. NAME OF HUSBAND OR WIFE Margaret Ann Killen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Ellis Merrell Address Edina, 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) Uremic Poison					INTERVAL BETWEEN ONSET AND DEATH 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Nephritis					
DUE TO (c) Chronic Myocarditis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592X					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 May 1954 to Oct 5, 1959 and last saw him ^{alive} on Oct 2, 1959 Death occurred at 3.45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Waldo B. Deam M.D.			22b. ADDRESS Knox City Mo		22c. DATE SIGNED Oct 9, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7 Oct '59	23c. NAME OF CEMETERY OR CREMATORY Knox City Cemetery		23d. LOCATION (City, town, or county) (State) Knox City, Missouri
24. FUNERAL DIRECTOR HUDSON FUNERAL HOME		ADDRESS Edina, Mo		25. DATE RECD. BY LOCAL REG. Oct-12-59	26. REGISTRAR'S SIGNATURE Thos. S. Humatt

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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 *AG Rimmer*.....

Licensed Embalmer No. *5041*.....

P. O. Address *Edina, 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.