

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047598

STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 266

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 2 1963

VS 300  
Rev. 4/59

10581  
20581

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH  
a. COUNTY Linn

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Linn

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Marceline Length of stay in 1b 3 Days

c. CITY OR TOWN Marceline Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Albert Middle S. Last Davis

4. DATE OF DEATH Month December Day 26 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9-12-1887 9. AGE (last birthday) 75 IF UNDER 1 YEAR Months 3 Days 11 IF UNDER 24 HR Hours 11 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic 10b. KIND OF BUSINESS OR INDUSTRY "Retired" 11. BIRTHPLACE (City and state or country) Mexico, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James H. Davis 13b. MOTHER'S MAIDEN NAME Mary Robinson 14. NAME OF HUSBAND OR WIFE Mrs. Maude Davis

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. ----- 17. INFORMANT Address Mrs. Maude Davis, Marceline, 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) Complete heart Block INTERVAL BETWEEN ONSET AND DEATH 36 hrs.  
DUE TO (b) Arteriosclerotic Cardio-Vascular Disease  
DUE TO (c) a previous Infarction  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) senile psychosis & manic depressive reaction PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
20c. TIME OF INJURY Hour 10:30 a.m. 12-23-62 Month, Day, Year 12-26-62 p.m.  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
20f. CITY, TOWN, OR LOCATION Marceline, Mo COUNTY Linn STATE Missouri

21. I attended the deceased from 12-23-62 to 12-26-62 and last saw her/him alive on 12-26-62. Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George Jones (Degree or title) 22b. ADDRESS Marceline, Mo 22c. DATE SIGNED 12-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 28, 1962 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) (State) Marceline, Missouri

24. FUNERAL DIRECTOR Larson Funeral Service, Bucklin, Mo. ADDRESS Bucklin, Mo. 25. DATE RECD. BY LOCAL REG. Dec. 27, 1962 26. REGISTRAR'S SIGNATURE George Watson

USE BLACK INK OR TYPEWRITER RIBBON

St. Francis Hospital

December 25, 1985  
Davis  
S. Albert  
X  
9-12-1987  
White  
Mrs. Wanda Davis  
Mrs. Wanda Davis  
Mrs. Wanda Davis  
Mrs. Wanda Davis

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 Larry D. Vobornik, Student Embalmer No. 669

working under my personal supervision.

Student Larry D. Vobornik  
Signature of Student Embalmer

Signed E. A. Larson

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.