

IOWA DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033642

ILED VS SEP 7 1960 373

Registration District No.

Primary Registration District No.

6267

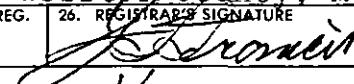
Registrar's No.

32

STATE FILE NUMBER

NDED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Webster				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elkland, Missouri		Length of stay in 1b 39 yrs.		c. CITY OR TOWN Elkland, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Irvin	Middle Davison	Last Davison	4. DATE OF DEATH Aug 8, 1960	Month Aug	Day 8	Year 1960
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-25-1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 0	IF UNDER 24 HR Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Thomas Davison		13b. MOTHER'S MAIDEN NAME Catherine Salsman		14. NAME OF HUSBAND OR WIFE Chloe				
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. 557-30-3279		17. INFORMANT Address Chloe Davison, Elkland, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure DUE TO (b) Coronary Thrombosis DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown								
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 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 Marshfield, Missouri	COUNTY	STATE				
21. I attended the deceased from 8-8-60 to Death occurred at 4:30		and last saw him alive on 8-8-60 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE 		(Degree or title) Dr.	22b. ADDRESS Marshfield, Missouri		22c. DATE SIGNED 8-12-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-10-1960	23c. NAME OF CEMETERY OR CREMATORIAL Pleasant View	23d. LOCATION (City, town, or county) Webster County, Missouri		(State)			
24. FUNERAL DIRECTOR Barber - Edwards, Marshfield, Mo.	ADDRESS Barber - Edwards, Marshfield, Mo.	25. DATE RECD. BY LOCAL REG. 8-12-60	26. REGISTRAR'S SIGNATURE 					

BY AFFIDAVIT OF

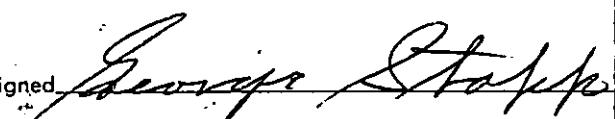
STATEMENT BY LICENSED EMBALMER

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.

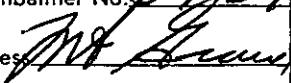
Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3461

P. O. Address



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.