

FILED OCT '3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31771

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 72

059
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give town or township) Richmond		c. CITY OR TOWN Richmond		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 89 yrs.		e. STREET ADDRESS (If rural, give location) 129 S. Royle St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 129 S. Royle St.					

089/0

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) HARRY	b. (Middle) M.	c. (Last) DAVIS	Date (Month) (Day) (Year)	September 23, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH July 25, 1867	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile dealer		10b. KIND OF BUSINESS OR INDUSTRY Automobile dealer	11. BIRTHPLACE (City and State or Foreign Country) Richmond, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James A. Davis		13b. MOTHER'S MAIDEN NAME Mary Allen Hughes		14. NAME OF HUSBAND OR WIFE Edwina Menefee Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lula Huffaker, Richmond, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		DUPLICATE (b) Generalized arteriosclerosis			3 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Uremia			2 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **Nov. 12, 1949**, to **Sept. 23, 1956**, that I last saw the deceased alive on **Sept. 5, 1956**, and that death occurred at **10:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 9/25/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Richmond, Mo.	

DATE REC'D BY LOCAL REG. Sept 29, 1956		REGISTRAR'S SIGNATURE Malcol Jackson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS THURMAN FUNERAL HOME by [Signature] Richmond, Mo.	
---	--	---	--	---	--

Oct 30 1956

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, ~~XXXXXX~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wm. L. Thurman*.....

Licensed Embalmer No. 4563.....

P. O. Address Richmond, 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.