

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42929

48-28792-65

REG. DIST. NO. 265

PRIMARY REG. DIST. NO. 5876 Registrar's No. 2

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

1. PLACE OF DEATH a. COUNTY Douglas <i>Q York</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri <i>Q York</i> b. COUNTY Douglas		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Almartha, Rural		c. LENGTH OF STAY (in this place) 7 MO	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Almartha, Rural		77 0
d. FULL NAME OF HOSPITAL OR INSTITUTION near Almartha, Mo. 1			d. STREET ADDRESS (If rural, give location) 0		

3. NAME OF DECEASED (Type or Print) a. (First) Linda b. (Middle) C. c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) 12-25-48		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH May 8, 1948		9. AGE (In years last birthday) 7	10. UNDER 1 YEAR Months 7	11. UNDER 1 Wk. Hours 17
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gainesville, Missouri		12. CITIZEN OF WHAT COUNTRY? United States	
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13a. FATHER'S NAME James L. Davis		13b. MOTHER'S MAIDEN NAME Helen Trent		14. NAME OF HUSBAND OR WIFE			
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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'S SIGNATURE OR NAME ADDRESS James Leo Davis Almartha, Mo.			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 109 H
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/24/1948, to 12/25/1948, that I last saw the deceased alive on 12/24/1948, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. R. B. Shuman, M.D.		23b. ADDRESS 415 Ave., Mo.		23c. DATE SIGNED 12/31/48	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-48	24c. NAME OF CEMETERY OR CREMATORY Souder		24d. LOCATION (City, town, or county) (State) Almartha Souder, Mo.	
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DATE REC'D BY LOCAL REG. 2-5-49		REGISTRAR'S SIGNATURE Mae Johnson 248		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Plinkingbeard Funeral Home, Ave., Mo.	
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349-267

3-5-49

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.

Signed..... *Chester A. Roof*

Signed.....
..... Student Embalmer

Licensed Embalmer No. *3044*

P. O. Address. *Gainesville 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 this body is not embalmed, fact should be so stated above.