

FILED JAN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 895

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1151

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1616 N. Hampton</u>		d. STREET ADDRESS (If rural, give location) <u>1616 N. Hampton</u>	
3. NAME OF DECEASED a. (First) <u>Joe</u>		b. (Middle) _____	c. (Last) <u>Davis</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4 1949</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July-15-1882</u>
9. AGE (In years last birthday) <u>66</u>		if UNDER 1 YEAR <u>5</u> Months	if UNDER 24 HRS. <u>19</u> Hours <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil business</u>	11. BIRTHPLACE (State or foreign country) <u>Ark. /</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Robert Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Mills</u>	14. NAME OF HUSBAND OR WIFE <u>Katharine Davis</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-11-6663</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Katherine Davis 1616 N. Hamp</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u> <u>several years</u> DUE TO (c) <u>Hypertension</u> <u>several years</u> 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 <u>420</u>	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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0</u>
22. I hereby certify that I attended the deceased from <u>1-4-</u> , 19 <u>49</u> , to <u>1-4-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-4-</u> , 19 <u>49</u> , and that death occurred at <u>11:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. E. Feller MD</u>		23b. ADDRESS <u>609 Cherry Springfield</u>	23c. DATE SIGNED <u>1-6-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunlawn Springfield, MO</u>
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingner & Co. Springfield</u>	
DATE REC'D BY LOCAL REG. <u>1-7-49</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingner & Co. Springfield</u>

(Licensed Embalmer's Statement on Reverse Side)

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

3924

NOV 16 1949

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
Student Embalmer

Signed *Max Rhodes*

Licensed Embalmer No. *407*

P. O. Address *Springfield*

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.