

No. 300
10. 48

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9560
State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 220

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Putnam</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u> | |
| c. LENGTH OF STAY (in this place) <u>70 YEARS</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u> | | | |

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|--|----------------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Lewis</u> c. (Last) <u>DAVIS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB - 10 - 1949</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>July - 20 - 1868</u> | 9. AGE (in years last birthday) | 10. IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u> Hours <u>0</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Repairing</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Shop</u> | | 11. BIRTHPLACE (State or foreign country) <u>Montpel, Iowa</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Thomas M Davis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Sutherland</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rossatta Davis</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BEVERLY DAVIS, Unionville, Mo</u> | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute dilatation of heart</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension of several years</u> | | DUE TO (c) <u>senile debility</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4500</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) (Min.) | | 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 June 3, 1946, to Feb 10, 1949, that I last saw the deceased alive on Feb 10, 1949, and that death occurred at 2:40 p. m., from the causes and on the date stated above.

| | | | | | |
|--|--|--------------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Chas. L. Spald D.D.</u> | | 23b. ADDRESS <u>Unionville Mo</u> | | 23c. DATE SIGNED <u>2-11-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>FEB 12 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Unionville, Mo</u> | | | | | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>3-25-49</u> | | REGISTRAR'S SIGNATURE <u>Marvell Durbin</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>266 Comstock Funeral Home Unionville, Mo</u> | |
|--|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 349560

Date Filed MAR 29 1940

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

James W. Penstock

Signed.....
Student Embalmer

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.