

FILED MAY 20 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16348

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>93</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Florida</u> b. COUNTY <u>Escambia</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (in this place) <u>unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pensacola</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>730 S. Walker</u>				d. STREET ADDRESS (If rural, give location) <u>RFD #2 Box 588</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>			b. (Middle) <u>Luther</u>		c. (Last) <u>Daw</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Dec. 26, 1928</u>	9. AGE (in years last birthday) <u>20</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Hours <u>12</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Gateswood, Ala.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Jerry Daw</u>			13b. MOTHER'S MAIDEN NAME <u>Viola Debee</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>264-42-0389</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Social Security Card</u>		ADDRESS _____		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon Monoxide Poison</u> ANTECEDENT CAUSES <u>Defective Heater</u> 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 <u>68900</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, etc.) <u>730 S. Walker St</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Webb City Jasper Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 8 - 1949</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>too high & defective</u>				
22. I hereby certify that I attended the deceased from <u>3</u> , 19 <u>49</u> , to <u>8</u> , 19 <u>49</u> , that I last saw the deceased <u>alive on May 10, 1949</u> , and that death occurred at <u>99</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Nelson D. Coover</u> (Degree or title) <u>acting coroner</u>				23b. ADDRESS <u>1646 S. Maple</u>		23c. DATE SIGNED <u>5/10/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/10/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Pensacola, Florida</u>		
DATE REC'D BY LOCAL REG. <u>MAY 10, 1949</u>		REGISTRAR'S SIGNATURE <u>J.R. Mitchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Hedge-Lewis</u>		ADDRESS <u>Webb City, Mo.</u>		

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

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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 _____

Licensed Embalmer No. 2859

P. O. Address. Rebb, P. O. [unclear]

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.