No. 300
10.48

84
0
0

FILED JUN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20560

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4424 Registrar's No. 885

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Humansville
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Geo. Dimmitt Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jericho Springs
d. STREET ADDRESS (If rural, give location): 0 0 1

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): Marion
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): May 10, 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 10, 1869
9. AGE (In years last birthday): 79 — If under 1 year: Months 6, Days 0 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cedar County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Geo. W. Davis
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: W. C. Davis
ADDRESS: Stockton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: months

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.

260X

19a. DATE OF OPERATION: 12
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-6-, 1949, *to* 5-9-, 1949, *that I last saw the deceased alive on* 5-9-, 1949, *and that death occurred at* 6:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm B Riekter M D
23b. ADDRESS: Stockton Mo.
23c. DATE SIGNED: 5-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-12-1949
24c. NAME OF CEMETERY OR CREMATORY: Anna Edna
24d. LOCATION (City, town, or county) (State): Jericho Springs, Mo.

DATE REC'D BY LOCAL REG.: June 24, 1949
REGISTRAR'S SIGNATURE: Ralph Barber per Lowell Barber
25. FUNERAL DIRECTOR'S SIGNATURE: John A. Cantlon
ADDRESS: Stockton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 1949

JUL 5 1949

RECEIVED
District Health Officer No. 7,
District File Number 5-49-783
Date Filed 6-28-49

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. 257 working under my personal supervision.

Signed James L. Gentry
Student Embalmer

Signed John A. Cantlon
Licensed Embalmer No. 4387
P. O. Address Stockton, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.