

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

128

2000

State File No. 20888

Registrar's No. 871

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 20888		Registrar's No. 871	
1. PLACE OF DEATH a. COUNTY MOBERT				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE MO b. COUNTY Webster					
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 2 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) Marshfield Mo R.F.D. 113				OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital				d. STREET ADDRESS (If rural, give location) R.F.D. Marshfield Mo					
3. NAME OF DECEASED (Type or Print) a. (First) DAN		b. (Middle) LEROY		c. (Last) DAVIS		4. DATE OF DEATH (Month) (Day) (Year) 19-30-49			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Not married		8. DATE OF BIRTH 5-29-43		9. AGE (In years) (Month) (Day) (Year) 6	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) CHICK		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Webster county Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Alvin Davis			13b. MOTHER'S MAIDEN NAME Pauline Wiley			14. NAME OF HUSBAND OR WIFE X			
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. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alvin Davis Marshfield 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemophilia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331A						INTERVAL BETWEEN ONSET AND DEATH 1 d. 5 1/2 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 10-31, 1943, to 9-30, 1949 , that I last saw the deceased alive on 9-30, 1949 , and that death occurred at 5:20 Pm. , from the causes and on the date stated above.									
23a. SIGNATURE Walter Buisch, M.D.				23b. ADDRESS Springfield, Mo			23c. DATE SIGNED 10-4-49		
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE 10-2-49		24c. NAME OF CEMETERY OR CREMATORY Marshfield		24d. LOCATION (City, town, or county) (State) Marshfield Mo			
DATE REC'D BY LOCAL REG. 10-5-49		REGISTRAR'S SIGNATURE W. S. Stanley			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. S. Stanley Marshfield Mo				

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

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 *[Signature]*

Licensed Embalmer No. 3348

P. O. Address *[Signature]*

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.