No. 200
10.48

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29889

BIRTH NO. ______ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 888

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): O'Reilly VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
d. STREET ADDRESS (If rural, give location): 2033 N. Broadway

3. NAME OF DECEASED (Type or Print) a. (First) EARL b. (Middle) c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year): October 5, 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Oct. 15, 1893
9. AGE (In years last birthday): 55 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

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

13a. FATHER'S NAME: William Davis
13b. MOTHER'S MAIDEN NAME: Sarah M. Robertson
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA Hospital Records, Springfield, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, chronic, far advanced, active

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
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* 10-2-49, 19__, *to* Oct. 5, 1949, XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX *and that death occurred at* 11:25p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): PAUL L. EISELE, M.D. Clinical Director
23b. ADDRESS: O'Reilly VAH, Springfield, Mo.
23c. DATE SIGNED: Oct 6, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 7, 1949
24c. NAME OF CEMETERY OR CREMATORY: National
24d. LOCATION (City, town, or county) (State): Springfield, Missouri

DATE REC'D BY LOCAL REG.: 10-7-49
REGISTRAR'S SIGNATURE: W E Handley 1110
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Gorman-Scharpf F. Home, Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Gene Hunter

Signed ..... Student Embalmer

Licensed Embalmer No. 4739

P. O. Address Springfield 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.