

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37881

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 244	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (In this place) 6		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Breckenridge		15 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chitticathe Hospital				d. STREET ADDRESS (If rural, give location) Rural 0			
3. NAME OF DECEASED (Type or Print) a. (First) Gertrude		b. (Middle)		c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) Oct-15-49	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June-28-1901	
9. AGE (In years last birthday) 48		10. UNDER 1 YEAR Months 9		11. UNDER 18 HRS. Days 17		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse Keeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William O'Neal		13b. MOTHER'S MAIDEN NAME Sally Green		14. NAME OF HUSBAND OR WIFE Floyd Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates elsewhere) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Floyd Davis Breckenridge 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock		INTERVAL BETWEEN ONSET AND DEATH 2 hrs					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) operation to relieve intestinal obstruction				18 hrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Adhesions from previous operations (Kamp. report)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Oct-11, 1949, to Oct-15, 1949, that I last saw the deceased alive on Oct-15, 1949, and that death occurred at 11:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph P. Conrad M.D. (Degree or title)				23b. ADDRESS Chillicothe Mo		23c. DATE SIGNED Oct 17/49	
24a. FUNERAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE Oct-17/49		24c. NAME OF CEMETERY OR CREMATORY Van Horn		24d. LOCATION (City, town, or county) (State) Bogard Mo	
DATE REC'D BY LOCAL REG. Oct 17/49		REGISTRAR'S SIGNATURE Frances B Neill		25. FUNERAL DIRECTOR'S SIGNATURE E. A. Dickerson		ADDRESS Bogard Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 E. A. Dickerson

Licensed Embalmer No. 2584

P. O. Address Bogard, Mo.

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

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