

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38331**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <b>PUTNAM</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PUTNAM</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>UNIONVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>UNIONVILLE</b>	
c. LENGTH OF STAY (in this place) <b>LIFE TIME</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MONROE HOSPITAL</b>			
3. NAME OF DECEASED a. (First) <b>BEVERLY</b> (Type or Print)		b. (Middle) <b>ACE</b>	
c. (Last) <b>DAVIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 31 1949</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 16 1900</b>
9. AGE (in years last birthday) <b>49</b>		IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 24 HRS. Days <b>15</b> Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LUMBER YARD</b>	11. BIRTHPLACE (State or foreign country) <b>PUTNAM COUNTY MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>WILLIAM L. DAVIS</b>	
13b. MOTHER'S MAIDEN NAME <b>ROSETTA MORGAN</b>		14. NAME OF HUSBAND OR WIFE <b>LUCIA DAVIS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>500-07-8387</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>LUCIA DAVIS</b>		ADDRESS <b>UNIONVILLE, MO.</b>	
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) <b>Coronary occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bar week three hours before attack</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 <b>3 months</b>		<b>ES 254</b> <b>32</b>	
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) <b>accident on public highway</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>5 miles east of Unionville, Putnam, Mo</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Unionville, Putnam, Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12:15 pm 10/31/49</b>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Turned loaded truck over</b>	
22. I hereby certify that I attended the deceased from <b>10/31, 1949</b> , to <b>10/31, 1949</b> , that I last saw the deceased alive on <b>10/31, 1949</b> , and that death occurred at <b>3:45 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Chas. L. Judd</b>		23b. ADDRESS <b>D.O. 2 Unionville Mo 11/1/49</b>	
23c. DATE SIGNED <b>11/1/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>NOV. 2 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>UNIONVILLE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>UNIONVILLE, MO.</b>	
DATE REC'D BY LOCAL REG. <b>11-12-49</b>		REGISTRAR'S SIGNATURE <b>Marvell Durbin</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Comstock FUNERAL Home</b>		ADDRESS <b>By J.W. Comstock Unionville, Mo.</b>	

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

FEB 25 1950

NOV 22 1949

MAR 16 1951

RECEIVED NOV 15 1949  
District Health Officer No. 10  
District File Number 11-49-191  
Date Filed NOV 15 1949

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 James W. Pomstock  
Licensed Embalmer No. 4197

P. O. Address Unionville, 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.