

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38337**

BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **4435** Registrar's No. **31**

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

1. PLACE OF DEATH a. COUNTY Ralls,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls,	
b. CITY (If outside corporate limits, write RURAL and give township) Perry,		c. CITY (If outside corporate limits, write RURAL and give township) Perry, Missouri.	
c. LENGTH OF STAY (in this place) 30 Yrs.		d. STREET ADDRESS (If rural, give location) Perry, Missouri.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry, Missouri.			
3. NAME OF DECEASED (Type or Print) a. (First) Milton b. (Middle) V. c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) Nov, 24, 1949.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Nov. 1, 1873
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (State or foreign country) Monroe County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James M. Davis		13b. MOTHER'S MAIDEN NAME Celia Ann Cowherd	
14. NAME OF husband OR WIFE Hattie R. Davis.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary of Prostati DUE TO (c) Prostectomy APRIL 30-1949 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cancer	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 177X	
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 July 1, 1949 , to Nov. 24, 1949 , that I last saw the deceased alive on Nov 24, 1949 , and that death occurred at 10:45P.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. E. Brown (Degree or title) M. D.		23b. ADDRESS Perry, Missouri.	
23c. DATE SIGNED 11-25-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-26-49	24c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery	24d. LOCATION (City, town, or county) (State) Perry, Missouri
DATE REC'D BY LOCAL REG. 11-25-49	REGISTRAR'S SIGNATURE Clyde Wiley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clyde Wiley Perry, Missouri.	

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District Health Officer No. 1
District File Number 11-49-2
NOV 29 1949
Dew Print

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 Clyde C. Wilkey
Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.