

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **593**
Registrar's No. **18-23**

0250

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

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 4138		State File No. 593		Registrar's No. 18-23			
1. PLACE OF DEATH a. COUNTY CUNTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cunton							
b. CITY OR TOWN Lathrop		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lathrop Mo. 025		d. STREET ADDRESS (If rural, give location) Lathrop					
3. NAME OF DECEASED (Type or Print) a. (First) JESS b. (Middle) D c. (Last) DAVIS				4. DATE OF DEATH (Month) (Day) (Year) Jan 23-1950		5. SEX M 6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 25-1874 9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Dallas Co Iowa		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Eric Davis			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Lettie Davis Cameron					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Ray J Davis 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none						INTERVAL BETWEEN ONSET AND DEATH 1 hour			
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 Jan 23, 1950 , to Jan 23, 1950 , that I last saw the deceased alive on Jan 23, 1950 , and that death occurred at 1:30 A m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) F. H. Santner M.D.				23b. ADDRESS Lathrop Mo.				23c. DATE SIGNED Jan 23, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-24-50		24c. NAME OF CEMETERY OR CREMATORY McDaniel Cem		24d. LOCATION (City, town, or county) (State) Cameron Mo		DATE RECD BY LOCAL REG. Feb 3, 1950			
REGISTRAR'S SIGNATURE Wm Paul W Moore				25. FUNERAL DIRECTOR'S SIGNATURE Poland Funeral Home		ADDRESS Cameron					



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 _____

Robert J. Poland

Student Embalmer No. *318*

working under my personal supervision.

Signed *Robert J. Poland*
Student Embalmer

Signed *George D. Vannell*

Licensed Embalmer No. *4425*

P. O. Address *224 1/2 St. 2nd*

Cameron, 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.