

No. 300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 23 1950

State File No. 8210

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE TENNESSEE b. COUNTY DAVIDSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SULLIVAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NASHVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORTHBIDE HOSPITAL		d. STREET ADDRESS (If rural, give location) 600 DEMONBREAN ST	
3. NAME OF DECEASED a. (First) JAMES b. (Middle) RUSSELL c. (Last) DAVIS		4. DATE OF DEATH (Month) (Day) (Year) MARCH 12 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 1, 1940
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY ARMY COLONEL	11. BIRTHPLACE (State or foreign country) AUSTIN, TEXAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Gov. Davis	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE SUE ELIZABETH DAVIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES, CIVIL WAR, SPANISH		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Sue Elizabeth Davis Nashville Tenn
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) Acute lobar Pneumonia 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 Valvular Heart Disease	
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)		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 MARCH 12 1950, to MARCH 12 1950, that I last saw the deceased alive on MARCH 12, 1950, and that death occurred at 8:03 p.m., from the causes and on the date stated above.	
23a. SIGNATURE John J. de Catune md (Degree of title)		23b. ADDRESS Sullivan, Mo.	
23c. DATE SIGNED 3/13/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3/15/50		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVETTE	
24d. LOCATION (City, town, or county) (State) NASHVILLE TENN.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Harrison M. Eaton Sullivan, Mo	
DATE REC'D BY LOCAL REG. 3-13-1950		REGISTRAR'S SIGNATURE [Signature] 97	

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

JUL 27 1950

JUL 2 1950

RECEIVED  
District Health Officer No. 9,  
District File Number

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 *Edgar W. Laffoon*

Licensed Embalmer No. *3394*

P. O. Address *Lilbourn - 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.