

FILED APR 12 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 10067

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY ST. FRANCIS			2. USUAL RESIDENCE (Where deceased lived. If institution? residence before death?) a. STATE MISSOURI b. COUNTY S.B. GARRETT		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ST. FRANCIS		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL UNION MO		d. STREET ADDRESS (If rural, give location) 094 D
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) WESLEY c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 5 1950		
5. SEX MALE		6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 9 1906	
9. AGE (In years last birthday) 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming, Trading & Trucking	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PATTON MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILSON DAVIS		13b. MOTHER'S MAIDEN NAME NELLIE LIZENBEE		14. NAME OF HUSBAND OR WIFE GLADYS CRITES DAVIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GLADYS DAVIS, FARMINGTON 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 INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Junc. Verdict of accident by the impact of two trucks occupying morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) one deceased, during riding the road		
DUE TO (c) crushed chest			58166		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			26		
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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway #61		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Farmington St. Francis MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) April 5, 1950 4:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? automobile accident 094		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Berl J. Miller 2 coroner			23b. ADDRESS Farmington MO		23c. DATE SIGNED 4/8/50
24a. BURIAL, CREMATION, REMOVAL (Specify) B.O.R.A.		24b. DATE APRIL 8 1950	24c. NAME OF CEMETERY OR CREMATORY UNION LIGHT		24d. LOCATION (City, town, or county) (State) PATTON MO
DATE REC'D BY LOCAL REG. Apr. 8, 1950		REGISTRAR'S SIGNATURE 284 Esther Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cozean Funeral Home, Farmington, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

APR 11 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-551

JUL 7 1955

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 \_\_\_\_\_

Licensed Embalmer No. 4084

P. O. Address Farmington

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.