

STANDARD CERTIFICATE OF DEATH

State File No. **11789**BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6279** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Gasconade		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Gasconade Twp. 1140	
c. LENGTH OF STAY (In this place) 59 Yrs		d. STREET ADDRESS (If rural, give location) 4 Miles West Hartville	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Benjamin	b. (Middle) Samuel	c. (Last) Davis	(Month) (Day) (Year) 3 10 1950

5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-5-1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 4	IF UNDER 11 HRS. Days 5	IF UNDER 11 HRS. Hours 0	IF UNDER 11 HRS. Min. 0
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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) Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME James Madison Davis	13b. MOTHER'S MAIDEN NAME Sopha Jackson	14. NAME OF HUSBAND OR WIFE Marzetta Davis
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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 Marzetta Davis	ADDRESS Hartville, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral regurgitation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4/10X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 **4:00A.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. B. Garner, Local Registrar Because doctor refused to go. 8	23b. ADDRESS Hartville, Mo.	23c. DATE SIGNED 3/10/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-14-1950	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.	24d. LOCATION (City, town, or county) (State) Hartville Mo
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DATE REC'D BY LOCAL REG. Mar 15, 1950	REGISTRAR'S SIGNATURE E. B. Garner	34b 0	25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Holden	ADDRESS Hartville, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

140

County file No. 350-29
Date filed: 3-18-50

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.

Signed Gene C. Holden

Signed.....
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address partville, 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.