

S. No. 300
v. 10-48

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12420

State File No.

0290
1

BIRTH NO. 4-28-50 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5336 Registrar's No. 31

| | | | |
|---|-----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dade</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Center twp</u> | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Center twp.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 mi N.E. of Greenfield</u> | | d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi N.E. of Greenfield</u> | |

| | | | | | |
|--|------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Page</u> c. (Last) <u>DAVIS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1950</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec. 29, 1875</u> | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. <u>74</u> <u>3</u> <u>25</u> - - |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Dade County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

| | | |
|---|--|---|
| 13a. FATHER'S NAME <u>John Davis</u> | 13b. MOTHER'S MAIDEN NAME <u>Armazinda Lack</u> | 14. NAME OF HUSBAND OR WIFE <u>Ida May Davis</u> |
|---|--|---|

| | | |
|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ida May Davis, Greenfield, Mo.</u> |
|---|--|---|

| | | | |
|--|---|--|---|
| 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) <u>Creeping paralysis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3560</u> |
| | 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 Conditions contributing to the death but not related to the disease or condition causing death. | | |

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | 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 2-1, 1950 to 4-24, 1950, that I last saw the deceased alive on 4-24, 1950, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

| | | |
|---|-----------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Dr. C. Canada M.D.</u> | 23b. ADDRESS <u>Greenfield</u> | 23c. DATE SIGNED <u>4-28-50</u> |
|---|-----------------------------------|------------------------------------|

| | | | |
|--|-----------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Apr. 26, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Greenfield, Missouri</u> |
|--|-----------------------------------|--|--|

| | | |
|--|--|--|
| DATE REC'D BY LOCAL REG. <u>4-28-50</u> | REGISTRAR'S SIGNATURE <u>Geo. L. Weir</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. C. Canada, Greenfield, Mo.</u> |
|--|--|--|

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

RECEIVED MAY 1 1950

District Health Office No. 6,

District File Number 550-519

Date Filed 5-1-50

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.

Student
Student Embalmer

Signed

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.