

No. 300
10-48
396
FILED MAY 8 1950

STANDARD CERTIFICATE OF DEATH

PICKETS 12576
State File No. 415

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>415</u>
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>616 S Robberson</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>F.</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 4, 1873</u>	9. AGE (In years) (Months) (Days) <u>77 3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired mine worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>industry</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri (Greene County)</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Billy Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Sara Hopper</u>	14. NAME OF HUSBAND OR WIFE <u>Lenora Belle 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>		16. SOCIAL SECURITY NO. <u>not known</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Normsn Davis</u> ADDRESS <u>680 S Robberson</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES <u>Prostatic Hypertrophy</u> DUE TO (b) <u>Prostatic Hypertrophy</u> <u>Arterio-sclerosis</u> DUE TO (c) <u>Arterio-sclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>5 years</u> <u>610X</u>
19a. DATE OF OPERATION <u>4-28-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Hypertrophy</u>		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) _____	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 <u>4-3-</u> 19 <u>50</u> , to <u>4-30-</u> 19 <u>50</u> , that I last saw the deceased alive on <u>4-29</u> , 19 <u>50</u> , and that death occurred at <u>7:45 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>5-1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (r)</u>	24b. DATE <u>May 2, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Palmetto</u>	24d. LOCATION (City, town, or county) (State) <u>Palmetto, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-1-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Lohmeyer</u> ADDRESS <u>Springfield, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Walter E Hamula

Signed.....

Student Embalmer

Licensed Embalmer No. *3808*

P. O. Address.....

Springfield 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.