

FILED APR 27 1950

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

14068

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>5942</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Phelps</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Rolla</u>		c. LENGTH OF STAY (in this place) township) <u>3 yrs.</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Northwe-Highway 66</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Rolla</u> <u>0 810</u>			
d. STREET ADDRESS (If rural, give location) <u>Northwe-Highway 66</u>				d. STREET ADDRESS (If rural, give location) <u>Northwe-Highway 66</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CHARLES</u>		b. (Middle) <u>ALEXANDER</u>		c. (Last) <u>DAVIS</u>	
4. DATE OF DEATH (Month) (Day) (Year)		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>Aug. 16, 1875</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>74</u>		IF UNDER 24 HRS. Days <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Maries County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. M. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Ann Tennison</u>		14. NAME OF HUSBAND OR WIFE <u>Florence</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florence Davis</u>		ADDRESS <u>Rolla, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Fracture of surgical neck of Right Femur.</u>							
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? <u>NO</u>		21. VERIFICATION <u>NO</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Rolla Phelps</u>		INFORMANT'S SIGNATURE <u>NO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell out of bed</u>			
22. I hereby certify that I attended the deceased from <u>10-2-49</u> , 19___, to <u>4-10-50</u> , 19___, that I last saw the deceased alive on <u>4-10-50</u> , 19___, and that death occurred at <u>12:30 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>N. A. Stoll</u>				23b. ADDRESS <u>Box 531 - Rolla, Mo.</u>		23c. DATE SIGNED <u>4/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 12, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-12-50</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> <u>380</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Null</u>		ADDRESS <u>Rolla, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 4-18-50

OCT 29 1953

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 Paul E. New

Licensed Embalmer No. 4498

P. O. Address Rolla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.