

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 26 1950

4125 State File No. 4152 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>4152</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Crawford</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Leasburg</u> c. LENGTH OF STAY (In this place) <u>life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leasburg Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leasburg</u> <u>0780</u> d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>James</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 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>July 6, 1868</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mail Messenger U. S. Mail</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Mail</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George W. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ann Avery</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Nettie 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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. C. Davis Leasburg, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES <u>Degeneration of muscle fiber of heart</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Sclerosis - Rheumatism (supp. report)</u>				INTERVAL BETWEEN ONSET AND 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)		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>May 10, 1950</u> , to <u>May 16, 1950</u> , that I last saw the deceased alive on <u>May 15, 1950</u> , and that death occurred <u>at 4:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. F. Swinney M.D.</u> (Degree or title)			23b. ADDRESS <u>Bourbon Mo.</u>		23c. DATE SIGNED <u>May 16-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cross Roads Cemetery Crawford Co.</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 9, 1950</u>		REGISTRAR'S SIGNATURE <u>Th. G. Davis, Deputy</u> 372		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thos. P. Shaffer Sullivan</u>			

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

RECEIVED 5-22-50
District Health Officer No. 8,
District File Number 550 310
Date Filed 5-24-50

JUN 2 1950

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 _____

Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address Sullivan, Mo.

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.