

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19028

BIRTH NO. 32125-50 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 98

912

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give town) Marshall		c. CITY (If outside corporate limits, write RURAL and give township) Rural. Cambridge	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) One mile N.W. Slater, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Infant of Mr & Mrs Joseph W. Davis b. (Middle) c. (Last) 			4. DATE OF DEATH (Month) (Day) (Year) May 13th, 1950		
---	--	--	--	--	--

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH May 11th, 1950	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	--	--	---------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	--	---	---

13a. FATHER'S NAME Joseph W. Davis	13b. MOTHER'S MAIDEN NAME Vera V. Vers	14. NAME OF HUSBAND OR WIFE -----
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joseph W. Davis, Slater, Mo. Route #1.	ADDRESS
---	-------------------------------------	---	-----------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Columnary Atherosclerosis		
	ANTECEDENT CAUSES Morbidity 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. Respiratory		9/625	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **5-12, 1950**, to **5-13, 1950**, that I last saw the deceased alive on **5-13, 1950**, and that death occurred at **10⁰⁰ A.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert [Signature]	(Degree or title) M.D.	23b. ADDRESS Marshall Mo.	23c. DATE SIGNED 5-13-50
--	-------------------------------	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE May 14, 1950	24c. NAME OF CEMETERY OR CREMATORY Smith Chapel cemetery	24d. LOCATION (City, town, or county) (State) Saline County, Mo.
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. May 13-1950	REGISTRAR'S SIGNATURE Sidney S Gray 385	25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis	ADDRESS Marshall Mo.
---	--	--	-----------------------------

RECEIVED MAY 15

District Health Officer No. 8,

District File Number _____

Date Filed _____

5/16/50

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 _____

W. Campbell Jr.

Licensed Embalmer No. _____

346 P

P. O. Address _____

Marshall, N.C.

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.