

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21084

|   |  |  |   |  |   |  |  |   |  |
|---|--|--|---|--|---|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>254</u>  |   | PRIMARY REG. DIST. NO. <u>1386</u>   |   | Registrar's No. _____  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Oregon</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Oregon</u>  |   |  |  |   |  |
| b. CITY OR TOWN <u>Thayer</u>   |  | c. LENGTH OF STAY (In this place) <u>Life</u>  |   | c. CITY OR TOWN <u>Thayer</u>  |   | 1750   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____   |  |  |   | d. STREET ADDRESS (If rural, give location) <u>6</u>   |   |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  |  | a. (First) <u>JAMES</u>                             |  |   | b. (Middle) <u>ALEXANDER</u>   |  |   |  |
|   |  |  | c. (Last) <u>DAVIS</u>                              |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 4 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>Dec. 26, 1873</u>  |  |   |  |
|   |  |  |   |  |   | 9. AGE (In years last birthday) <u>76</u>  |  |   |  |
|   |  |  |   |  |   | IF UNDER 1 YEAR Days <u>4</u>  |  |   |  |
|   |  |  |   |  |   | IF UNDER 2 HRS. Hours <u>8</u> Min. _____  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>  |  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY _____  |   | 11. BIRTHPLACE (State or foreign country) <u>Missouri</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>Margaret A. Wasson</u> |  |   | 14. NAME OF HUSBAND OR WIFE <u>Alice Davis</u>                                   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____  |  |  | 16. SOCIAL SECURITY NO. _____                       |  | 17. INFORMANT'S SIGNATURE OR NAME <u>L. A. Wyatt</u> ADDRESS <u>Thayer, Mo.</u> |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u><br>ANTECEDENT CAUSES <u>Due to (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (c) _____<br>II. 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>4/201</u> |  |
| 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>April 16, 1950</u> , to <u>May 4, 1950</u> , that I last saw the deceased alive on <u>May 4, 1950</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above. |  |  |   |  |   |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>W. W. Cooper M.D.</u>   |  |  |   | 23b. ADDRESS <u>Thayer</u>   |   | 23c. DATE SIGNED <u>6-17-50</u>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>May 7, 1950</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Davis Cemetery</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Thayer, Missouri</u>            |  |   |  |
| DATE REC'D BY LOCAL REG. <u>7-8-50</u>  |  | REGISTRAR'S SIGNATURE <u>Ella Cross</u>  |   | 416  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland Carter</u> ADDRESS <u>Thayer, Mo.</u> |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

RECORDING DIVISION - MAKE A PERMANENT RECORD

JUN 21 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Leland Carter*

Signed.....

Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Thayer, Mo

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

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