

FILED JUL 31 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24852

2

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|---|---|--|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>293</u> | | PRIMARY REG. DIST. NO. <u>6003</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Ralls</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>New London</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Residence R F D # 2 New London</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>New London</u> d. STREET ADDRESS (If rural, give location) <u>R F D # 2</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>William</u> c. (Last) <u>Davis</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 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>November 25, 1896</u> | | 9. AGE (In years last birthday) <u>53</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>20</u> IF UNDER 24 HRS. Hours <u>20</u> Min. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) <u>Gardner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u> | 11. BIRTHPLACE (State or foreign country) <u>Ralls County Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>David Davis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Kate W. Stanley</u> | | 14. NAME OF HUSBAND OR WIFE <u>Elizabeth Miller Davis</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W W I</u> | | 16. SOCIAL SECURITY NO. <u>XX</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. David W. Davis New London Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of sigmoid</u> 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. <u>Generalized metastases</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> | |
| 19a. DATE OF OPERATION <u>1949</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinomatous</u> | | | | 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 <u>October 31, 1949</u> to <u>July 15, 1950</u> , that I last saw the deceased alive on <u>July 15, 1950</u> , and that death occurred at <u>7:00 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H. S. Waters</u> | | | 23b. ADDRESS <u>1001 Bdwy, Hannibal, Mo.</u> | | 23c. DATE SIGNED <u>7-17-50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 18, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>July 19, 1950</u> | | REGISTRAR'S SIGNATURE <u>H. S. Waters</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Crawford Smith</u> | | ADDRESS <u>Hannibal Missouri</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 27 1950
District Health Officer No. 10
District File Number 7-50-1188
Date Filed JUL 29 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

John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.