

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24466

No. 300

10.48

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 262	
1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS			
b. CITY (If outside corporate limits, write RURAL and give township) BONNE TERRE		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BONNE TERRE		0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL				d. STREET ADDRESS (If rural, give location) 144 S.W. MAIN			
3. NAME OF DECEASED a. (First) JOHN (Type or Print)			b. (Middle) PAUL		c. (Last) DAVIS		4. DATE OF DEATH (Month) (Day) (Year) JULY 28, 1950
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 27, 1886	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOILER MAKER		10b. KIND OF BUSINESS OR INDUSTRY Mo. Ill. R. Road		9. AGE (In years if UNDER 1 YEAR of UNDER 14 WKS. Hours Min.) 64 0 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOILER MAKER				11. BIRTHPLACE (State or foreign country) ST. FRANCOIS Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME JOHN SAMUEL DAVIS			13b. MOTHER'S MAIDEN NAME ARTIE MAE CUNNINGHAM		14. NAME OF HUSBAND OR WIFE ALICE DAVIS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ALICE DAVIS BONNE TERRE Mo.			
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) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) -					INTERVAL BETWEEN ONSET AND DEATH 1 week 7 years 331X
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 July 20, 1950 , to July 28, 1950 , that I last saw the deceased alive on July 28, 1950 , and that death occurred at 8:25 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. Leo R. Watkins M.D.				23b. ADDRESS Forrester, Mo.		23c. DATE SIGNED 7-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JULY 30, 1950		24c. NAME OF CEMETERY OR CREMATORY ST. FRANCOIS MEMO PK		24d. LOCATION (City, town, or county) (State) BONNE TERRE MO	
DATE REC'D BY LOCAL REG. July 31, 1950		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bertram Halls Bonne Terre Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

EST 67 9012

RECEIVED

AUG - 8 1950

DISTRICT HEALTH OFFICE No. 4

File No. _____

AUG 10 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 *Clarence J. Raywell*

Signed.....
Student Embalmer

Licensed Embalmer No. *3206*

P. O. Address *Bonneville Mo*

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.