

FILED SEP 6 1950  
 8-23-50

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 26427

BIRTH NO. REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5338 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Polk twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Polk twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6 mi. E of Greenfield</b>		d. STREET ADDRESS (If rural, give location) <b>6 mi. E of Greenfield</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Della</b>	b. (Middle) <b>J.</b>	c. (Last) <b>DAVIS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 16, 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 28, 1871</b>	9. AGE (In years last birthday) <b>79</b>	10. MONTHS <b>2</b>	11. DAYS <b>18</b>	12. HOURS <b>-</b>	13. MIN. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Dade Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Franklin Stockton</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Bales</b>	14. NAME OF HUSBAND OR WIFE <b>Jackie Davis</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lonus Drysdale, Rtnl, Greenfield</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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.			<b>334X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 14, 1950**, to **Aug 16, 1950**, that I last saw the deceased alive on **Aug 15, 1950**, and that death occurred at **12:48 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. C. Cowan, M.D.</b> (Degree or title)	23b. ADDRESS <b>Greenfield, Missouri</b>	23c. DATE SIGNED <b>8/17/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/18/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenfield Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Greenfield, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-23-50</b>	REGISTRAR'S SIGNATURE <b>Geo L. Weir</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. C. Canada</b>	ADDRESS <b>Greenfield, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48  
7990

DEPARTMENT OF HEALTH OF MO.  
District No. 5 - Springfield

ISSUED AUG 28 1950

License File 850-1831

Issued Filed Aug 28 1950

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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

*J. C. Canada*  
Licensed Embalmer No. 4196

P. O. Address Greenfield, Me

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.