

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27844

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5989 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Grant Twp</u>	c. LENGTH OF STAY (in this place) <u>60 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grant</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cosleville, Mo. R712</u>		d. STREET ADDRESS (If rural, give location) <u>Cosleville, Mo 08601</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stewart</u> b. (Middle) <u>Brown</u> c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 25, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>M</u>	8. DATE OF BIRTH <u>Aug. 27, 1884</u>
9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR <u>11</u> Months <u>29</u> Days <u>29</u> Hours <u>0</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>General (self)</u>		11. BIRTHPLACE (State or foreign country) <u>Barton Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Stewart Brown Davis</u>	
13b. MOTHER'S MAIDEN NAME <u>Christiana M. Dear</u>		14. NAME OF HUSBAND OR WIFE <u>DARBY DAVIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Darby Davis</u> ADDRESS <u>Cosleville, MO</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Large footed shoe</u>		DUE TO (b) <u>Large footed shoe</u>	
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		610X	
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 <u>19</u> , 19 <u>42</u> , to <u>17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8/24</u> , 19 <u>50</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>D. M. Davis M.D.</u>		23b. ADDRESS <u>Cosleville, Mo</u>	
23c. DATE SIGNED <u>8/27/50</u>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>B</u>	
24b. DATE <u>U Aug. 27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Putnam Co. Mo.</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Unionville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-7-50</u>		REGISTRAR'S SIGNATURE <u>Maxwell Durbine</u>	

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

0860

SEP 12 1950

Date Received: SEP 12 1950
DISTRICT HEALTH OFFICE #
District File Number 9-50-
Date Filed: SEP 12 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 _____

Muriel E. Huske

Licensed Embalmer No. *32024*

P. O. Address *Unknown to 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.