

FILED OCT 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31344

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) Humansville		c. CITY (If outside corporate limits, write RURAL and give township) Eldorado Springs	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Rt. #5	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Dimmitt Memorial Hospital			

3. NAME OF DECEASED (Type or Print) Fred	a. (First)	b. (Middle)	c. (Last) Davis	4. DATE OF DEATH (Month) (Day) (Year) 9 30 - 50
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 13, 1899	9. AGE (In years last birthday) Months Days Hours Min. 51 17
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert	13b. MOTHER'S MAIDEN NAME Fannie Messick	14. NAME OF HUSBAND OR WIFE Fern
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fern Davis	ADDRESS Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injured in an automobile collision		MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushed left chest with hemorrhage into left chest.	MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 8 hrs. Fr 0166 26
	DUE TO (c)			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 54	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Cedar MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 29 50 48	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Result of automobile collision
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **9-29**, 19**50**, and that death occurred at **2:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. Robinson	(Degree or title) MD	23b. ADDRESS Humansville, Mo.	23c. DATE SIGNED 9/30/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/2/50	24c. NAME OF CEMETERY OR CREMATORY Love Cemetery	24d. LOCATION (City, town, or county) (State) Cedar County Missouri
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DATE REC'D BY LOCAL REG. Oct 2, 1950	REGISTRAR'S SIGNATURE Ralph Gordon Jewell	25. FUNERAL DIRECTOR'S SIGNATURE Guinn-Carothers	ADDRESS Eldorado Springs Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield
RECEIVED OCT 10 1950
Dist. File 1050-2086
Date Filed 10-10-50

OCT 17 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.....
Student Embalmer

Signed Q. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville

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.