

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32558**

FILED NOV 15 1950

BIRTH NO.		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 3005		Registrar's No. 105	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, write RURAL and give township) Butler		c. LENGTH OF STAY (In this place) 2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Butler		0071	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 503 E. Dakota				d. STREET ADDRESS (If rural, give location) 503 E. Dakota			
3. NAME OF DECEASED (Type or Print) Troy		a. (First)		b. (Middle) ----		c. (Last) Davis	
4. DATE OF DEATH Nov. 8 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 24, 1879		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months 2 Days 14 IF UNDER 2 HRS. Hours 14 Min.	
5. SEX M		6. COLOR OR RACE W		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) Bates Co., Missouri.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Miles Davis		13b. MOTHER'S MAIDEN NAME Mary O'Bannon	
14. NAME OF HUSBAND OR WIFE Carrie 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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Carrie Davis	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure + stroke ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of brain with metastases to throat + neck DUE TO (c) gastric ulcer II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 193X	
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) (Min.)		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 Jan 1949 , to 11-8, 1950 , that I last saw the deceased alive on 11-7, 1950 , and that death occurred at 12:15A.m. , from the causes and on the date stated above.							
23a. SIGNATURE R.L. Hanson (Degree or title) MD				23b. ADDRESS Butler Mo		23c. DATE SIGNED 11-8-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 9, 50		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Rural---Butler, Missouri	
DATE REC'D BY LOCAL REG. Nov. 8-1950		REGISTRAR'S SIGNATURE Rendall Kney		25. FUNERAL DIRECTOR'S SIGNATURE Culver Underwood ADDRESS Butler, Mo.			

(Licensed/Embalmer's Statement on Reverse Side)

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

RECEIVED 11-14-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-14-50

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 James F. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4743

P. O. Address Butler, 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.