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FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40246

BIRTH NO. _____ REG. DIST., NO. 5101 PRIMARY REG. DIST. NO. 5397 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>DOUGLAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DOUGLAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VANZANT RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vanzant 0340</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOU</u> b. (Middle) _____ c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 13, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 16, 1898</u>
9. AGE (In years last birthday) <u>51-11-27</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	

13a. FATHER'S NAME <u>George Nelson</u>	13b. MOTHER'S MAIDEN NAME <u>Kallen</u>	14. NAME OF HUSBAND OR WIFE <u>Garfield Davis</u>
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.	17. INFORMANT'S SIGNATURE OR NAME <u>Garfield Davis</u>
		ADDRESS <u>Vanzant, Mo</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. 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"/>
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 Dec 7, 1950, to 0, 1950, that I last saw the deceased alive on Dec 7, 1950, and that death occurred at 10:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Garrett Sapp</u>	(Degree or title)	23b. ADDRESS <u>Labool MO</u>	23c. DATE SIGNED <u>Dec 14/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial U</u>	24b. DATE <u>Dec 16, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vanzant</u>	24d. LOCATION (City, town, or county) (State) <u>Vanzant MO</u>
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DATE REC'D BY LOCAL REG. <u>12-23-50</u>	REGISTRAR'S SIGNATURE <u>Ustul Buchman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grable, Wink</u>	ADDRESS <u>Wm Jay</u>
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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 MO.
District No. 5 - Springfield

RECEIVED JAN 3 1951

Dist. File 157-12

Date Filed 1-4-51

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.