

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

439335

State File No.

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Pike, Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Pike, Township</u> <u>1030</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Bell City, rfd. # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bell City, rfd. #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gloria</u> b. (Middle) <u>Dean</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6- 1950</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>-</u>	8. DATE OF BIRTH <u>12-23-49</u>	9. AGE (In years last birthday) <u>10</u>	IF UNDER 1 YEAR Months <u>13</u> Days <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Morehouse, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Walter W. Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Wanda Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter W. Davis Bell City, Mo. rfd #1</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Nov 4</u> <u>Nov 6</u> <u>1950</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b)</u> <u>DUE TO (c)</u>		
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 <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from Nov 6, 1950, to see call, that I last saw the deceased alive on Nov 6, 1950, and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. P. Brandon M.D.</u> (Degree or title)	23b. ADDRESS <u>Essex, Mo</u>	23c. DATE SIGNED <u>12-26-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-7-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park, Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-30-50</u>	REGISTRAR'S SIGNATURE <u>Bennie Moser</u> <u>360</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Jones Sikeston, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1030
1

JAN 17 1951

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 John Allinton

Licensed Embalmer No. 2941

P. O. Address Sebastian, Mo

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.