

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1951

BIRTH NO. 17-51 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 30

0013
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MAON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KIRKSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LAPLATA</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Griffin Smith Memorial Hosp</u>			
3. NAME OF DECEASED a. (First) <u>PAUL</u>		b. (Middle) <u>LESTER</u>	
c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 26 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JAN 21 1951</u>
9. AGE (In years last birthday) <u>6 days</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	
11. BIRTHPLACE (State or foreign country) <u>KIRKSVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>LESTER DONALD DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>IRENE ALICE COLE</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lester W Davis LaPlata 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Intracranial hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute hemorrhagic disease of newborn 48 hrs</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>		<u>7710</u>	
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>1-21</u> , 19 <u>51</u> , to <u>1-26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-26</u> , 19 <u>51</u> , and that death occurred at <u>LaPlata</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Kirkville, Missouri</u>	
23c. DATE SIGNED <u>1/26/51</u>		24a. BURIAL CREMATION (REMOVAL) <u>Burial</u>	
24b. DATE <u>Jan 28-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LaPlata Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>LaPlata MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman M. Wilson</u>	
DATE REC'D BY LOCAL REG. <u>1-28-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>LaPlata MO</u>			

Date Received: FEB 5 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-262
Date Filed: FEB 6 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Kenneth M. Wilson

Signed.....

Student Embalmer

Licensed Embalmer No. *H 701*

P. O. Address *L. P. Plate, Md.*

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.