

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4276

State File No.

BIRTH NO. 2-16-51 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5343 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY DADE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DADE	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL NORTH TWSP		c. CITY (If outside corporate limits, write RURAL and give township) RURAL NORTH TWSP	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 8 MILES NORTH OF GREENFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 MILES NORTH OF GREENFIELD			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) GEORGE	b. (Middle) MELTON	c. (Last) DAVIS	(Month) FEB.	(Day) 13	(Year) 51

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED WIDOWED	8. DATE OF BIRTH MARCH 12, 1872	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 11	IF UNDER 2 HRS. Days 1	IF UNDER 2 HRS. Hours 1	Min. 1
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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 FARMING	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN W. DAVIS	13b. MOTHER'S MAIDEN NAME LACK	14. NAME OF HUSBAND OR WIFE MINNIE ANN DAVIS
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JOHN P. DAVIS		ADDRESS ARCOLA 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12-1, 1950, to 2-13, 1951, that I last saw the deceased alive on 2-10, 1951, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE J. C. Canada	(Degree or title) 0	23b. ADDRESS Greenfield, Mo.	23c. DATE SIGNED 2-16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 18 1951	24c. NAME OF CEMETERY OR CREMATORY GREENFIELD CEMETERY	24d. LOCATION (City, town, or county) (State) GREENFIELD MISSOURI
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DATE REC'D BY LOCAL REG. 2-16-51	REGISTRAR'S SIGNATURE Geo L. Weir	25. GENERAL DIRECTOR'S SIGNATURE J. C. Canada	ADDRESS Greenfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
7. 10.48

0290

~~STATE OF MO.
field~~

~~RECEIVED FEB 19 1951~~

~~Dist. File _____~~

~~Date Filed _____~~

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED FEB 19 1951

Dist. File 251-391

Date Filed 2-19-51

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.