No. 300
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FILED MAR 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7225

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6146 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Salt River
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Salt River
d. STREET ADDRESS (If rural, give location): ✓

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3. NAME OF DECEASED (Type or Print)
a. (First): Wm
b. (Middle): Andrew
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): Feb- 16 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 4, 1878
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 10, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Shelby Co. Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Davis
13b. MOTHER'S MAIDEN NAME: Etta Kinney
14. NAME OF HUSBAND OR WIFE: Anna Davis
ADDRESS: Shelbyville Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Clarence Davis
ADDRESS: Shelbyville, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bronchial pneumonia

DUE TO (c) Chronic bronchitis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Acute hepatitis — 5021

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 9, 1951, *to* Feb. 16, 1951, *that I last saw the deceased alive on* Feb 16, 1951, *and that death occurred at* 4:30 PM, *from the causes and on the date stated above.*

23a. SIGNATURE: Gladys Bower (Degree or title): DO
23b. ADDRESS: Shelbina Mo.
23c. DATE SIGNED: 2-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 18-1951
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Shelbyville, Mo

DATE REC'D BY LOCAL REG.: 3-5-51
REGISTRAR'S SIGNATURE: Ada Garrison 49
25. FUNERAL DIRECTOR'S SIGNATURE: E. P. Thompson
ADDRESS: Shelbyville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAR 12 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-59
Date Filed: MAR 13 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 Myself, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed E. R. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.