.S. No. 300
EV: 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1951

State File No. 7457

BIRTH NO. 12777-57 REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 147

1. PLACE OF DEATH
a. COUNTY: BARTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAMAR
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARTON COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BARTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar 0060
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): GERALD
b. (Middle): (NMI)
c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): MARCH 4 1951

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 0
8. DATE OF BIRTH: MARCH 4 1951
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 0 — If under 24 hrs.: Hours 2, Min. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: XXX
11. BIRTHPLACE (State or foreign country): LAMAR, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: FLOYD M. DAVIS
13b. MOTHER'S MAIDEN NAME: HELEN SCRITCHFIELD
14. NAME OF HUSBAND OR WIFE: XXXX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XXX — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: XXXXX
17. INFORMANT'S SIGNATURE OR NAME: FLOYD M. DAVIS, ADDRESS: LAMAR, 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) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c) — 7544

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 ☐ 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* 3-4, 1951, *to* 3-4, 1951, *that I last saw the deceased alive on* 3-4, 1951, *and that death occurred at* 4:10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. M. Arnold M.D.
23b. ADDRESS: Lamar Mo
23c. DATE SIGNED: 3-6-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Mar 6 1951
24c. NAME OF CEMETERY OR CREMATORY: LAKE CEMETERY
24d. LOCATION (City, town, or county) (State): LAMAR, MISSOURI

DATE REC'D BY LOCAL REG.: MAR 6 - 1951
REGISTRAR'S SIGNATURE: Maria Konantz
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: KONANTZ FUNERAL HOME, LAMAR, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED MAR 12 1951
Dist. File 351-527
Date Filed 3-12-51

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~~ .....

.....

working under my personal supervision.

Student Embalmer No. .....

Signed Frank W. Denton

Signed .....
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.