

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15774

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 437 PRIMARY REG. DIST. NO. 5125 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-ASH-HILL</u> c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-ASH HILL</u> 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5mi. East of BROSELEY</u>		d. STREET ADDRESS (If rural, give location) <u>5mi. EAST of BROSELEY</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>W</u> c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 4 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY-3-1890</u>
9. AGE (In years last birthday) <u>60</u>	10. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>COLD SPRINGS ARK.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>MARION DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>ELLIENDER WYNNE PRUDENCE DAVIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES Oct 5, 1917 to JAN 22, 1919</u>		17. INFORMANT'S SIGNATURE OR NAME <u>PRUDENCE DAVIS</u> ADDRESS <u>Brushy Mo</u>	
16. SOCIAL SECURITY NO. <u>430-24-5820</u>		14. NAME OF HUSBAND OR WIFE <u>PRUDENCE DAVIS</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES: (b) <u>Cardio-Renal Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>442X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>June 3, 1951</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dwight L. Franklin M.D.</u>		23b. ADDRESS <u>Campbell Mo.</u>	
23c. DATE SIGNED <u>6/5/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 5 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BROWNS CHAPPEL</u>	24d. LOCATION (City, town, or county) (State) <u>BUTLER MO</u>
DATE REC'D BY LOCAL REG. <u>June 5 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	428	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.C. White</u> ADDRESS <u>Fick, Mo.</u>

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

1120

FILE No. \_\_\_\_\_  
BUTLER CO. HEALTH CENTER

RECEIVED

JUN 25 1951

SEP 18 1952

RECEIVED

JUN 13 1951

BUTLER CO. HEALTH CENTER

FILE No. 651-261

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Deerfield, 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.