

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16316**
Registrar's No. **646**

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 5576	
1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Springfield		c. LENGTH OF STAY (in this place) 9yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1st. house S. of Thrush on E.			d. STREET ADDRESS (If rural, give location) 1st. house S. of Thrush on East Side		
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) P.		c. (Last) Davis	
4. DATE OF DEATH (Month) (Day) (Year) May 14, 1951					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 6, 1863	9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Benton County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Mark Davis		13b. MOTHER'S MAIDEN NAME Mary Bird		14. NAME OF HUSBAND OR WIFE Mettie Davis (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mae Downing, Rt. #2, Clinton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General arteriosclerosis 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. _____			INTERVAL BETWEEN ONSET AND DEATH 54 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500			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) m.		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 Apr 23, 1951 , to May 6, 1951 , that I last saw the deceased alive on May 6, 1951 , and that death occurred at 1:30p m. , from the causes and on the date stated above.					
23a. SIGNATURE James Smith M.D.		23b. ADDRESS Clinton, Missouri		23c. DATE SIGNED May 14, 1951	
24a. BURIAL/CREMATION, REMOVAL (Specify) Burial		24b. DATE May 17, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunnyside Methodist Cem	
24d. LOCATION (City, town, or county) (State) Benton Co., Missouri					
DATE REC'D BY LOCAL REG. May-17-51		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edna E. Clinton	

(Licensed Embalmer's Statement on Reverse Side)

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

0470

RECEIVED 5-21-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 5-21-51 _____

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

Licensed Embalmer No. 4510

P. O. Address. Canton, 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.