

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19768**

BIRTH NO. _____ REG. DIST. NO. **86** PRIMARY REG. DIST. NO. **5329** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Oak Hill Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Oak Hill Twp.	
c. LENGTH OF STAY (in this place) 27 yrs.			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cuba, Mo. Rt.		d. STREET ADDRESS (If rural, give location) Cuba, Mo. Rt.	

3. NAME OF DECEASED (Type or Print), a. (First) Mary b. (Middle) Matilda c. (Last) Davis	4. DATE OF DEATH (Month) (Day) (Year) June 9, 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-18-1883	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Gasconade County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Philip M. Pope	13b. MOTHER'S MAIDEN NAME Mary T. Blevin	14. NAME OF HUSBAND OR WIFE W. C. Davis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. **	17. INFORMANT'S SIGNATURE OR NAME W. C. Davis	ADDRESS Cuba, Mo. Rt.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal Syndrome with terminal decompensation and hypostatic pneumonia, treat. of both bases		
	ANTECEDENT CAUSES Morbid 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 442X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **Sept 1950**, to **6-9, 1951**, that I last saw the deceased alive on **6-8, 1951**, and that death occurred at **4 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul A. Franklin M.D.	23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 6-11-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-12-1951	24c. NAME OF CEMETERY OR CREMATORY Bowen Cemetery	24d. LOCATION (City, town, or county) (State) Red Bird, Mo.
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DATE REC'D BY LOCAL REG. 6-12-1951	REGISTRAR'S SIGNATURE Paul A. Franklin	25. FUNERAL DIRECTOR'S SIGNATURE Walter H. Winter	ADDRESS OWENSVILLE
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(Licensed Embalmer's Statement on Reverse Side)

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

1780

File No.

DISTRICT HEALTH OFFICE No. 4

JUN 25 1951

RECEIVED

1951

AUG 2

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Merford H. H. Winters

Licensed Embalmer No. 383F

P. O. Address OWENSVILLE 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.