

STANDARD CERTIFICATE OF DEATH

State File No. 19830

19830

FILED JUL 7 - 1951

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 20

3710

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann
c. LENGTH OF STAY (In this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Workman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Gasconade
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gasconade
d. STREET ADDRESS (If rural, give location) 1370

3. NAME OF DECEASED
a. (First) JOHN b. (Middle) THOMAS c. (Last) DAVIS
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
June 2 1951

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 19th 1883 9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Toll Collector 10b. KIND OF BUSINESS OR INDUSTRY Bridge 11. BIRTHPLACE (State or foreign country) Hope, Missouri 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME William Davis 13b. MOTHER'S MAIDEN NAME Amanda Bryan 14. NAME OF HUSBAND OR WIFE Elizabeth Davis

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

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins Disease
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 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None 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) (Min.) 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 12-28, 1948, to 6-2, 1951, that I last saw the deceased alive on 6-2, 1951, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Carol T. Shaw 0 (Degree or title) MR 23b. ADDRESS Hermann, Missouri 23c. DATE SIGNED 6-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 5, 1951 24c. NAME OF CEMETERY OR CREMATORY Gasconade City Cemetery Gasconade 24d. LOCATION (City, town, or county) (State) Mo

DATE REC'D BY LOCAL REG. 6/3/51 REGISTRAR'S SIGNATURE 102 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hugo H. Blum Hermann, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

File No.

DISTRICT HEALTH OFFICE No. 4

JUL - 5 1951

RECEIVED

JUL 7 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Licensed Embalmer No. 3160

Signed
Student Embalmer

P. O. Address Hermann, 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.