

FILED JUL 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21760

State File No. _____

BIRTH NO. _____ REG. DIST. NO. B23 PRIMARY REG. DIST. NO. 6089 Registrar's No. 23

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

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Elmwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Elmwood</u> <u>0970</u>	
c. LENGTH OF STAY (in this place) <u>31 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>8 miles N. of Sweet Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles N. of Sweet Springs</u>		e. STREET ADDRESS <u>8 miles N. of Sweet Springs</u>	

3. NAME OF DECEASED (Type or Print) <u>Thomas Alexander DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 1951</u>	
a. (First)		b. (Middle)	
c. (Last)			

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 19, 1866</u>	9. AGE (In years last birthday) <u>85</u>	10. MONTHS <u>9</u>	11. DAYS <u>5</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jesse Davis</u>	13b. MOTHER'S MAIDEN NAME <u>MARtha Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtis DAVIS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtis Davis Blackburn</u>	18. ADDRESS <u>Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs -</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ca of larynx</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200 H</u>	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)	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 1949 to 1 July 1951, that I last saw the deceased alive on 1 July 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ralph H. Jones M.D.</u>	23b. ADDRESS <u>Sweet Springs, Mo</u>	23c. DATE SIGNED <u>2 July 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 2 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pisgah Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saline Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>7/2/51</u>	REGISTRAR'S SIGNATURE <u>Dolly Andrew</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Moseley</u>	ADDRESS <u>Sweet Springs Mo</u>
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RECEIVED 7-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-9-51

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 Edgar L. Moseley
Licensed Embalmer No. 4711

P. O. Address Sweet Springs, 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.