

FILED SEP 17 1951

STANDARD CERTIFICATE OF DEATH

32308

State File No.

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162 Registrar's No. 7245

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ruth</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ruth</u>	
c. LENGTH OF STAY in this place <u>Entire life</u>		d. STREET ADDRESS (If rural, give location) <u>Reeds Spring Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sidney</u>	b. (Middle)	c. (Last) <u>Davis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13-1951</u>
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5. SEX <u>m</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 7-1888</u>	9. AGE (In years last birthday) <u>63</u>	UNDER 1 YEAR Months Days	IF OVER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer & blacksmith</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>
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13a. FATHER'S NAME <u>Frank Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Hodge</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Davis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Davis</u> ADDRESS <u>Reeds Spring 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inflammation of Lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last: <u>Lack of medical attention</u>		
	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 <input type="checkbox"/> - NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE OR 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) m.	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 at death 1951 Aug 15 1951, that I last saw the deceased live on Aug 15, 1951, and that death occurred at 7:28 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest J. Cheatham, Coroner</u> (Degree or title)	23b. ADDRESS <u>Salina Mo</u>	23c. DATE SIGNED <u>Aug 13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yalcum Pond</u>	24d. LOCATION (City, town, or county) (State) <u>Reeds Spring Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 18-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Broun</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest J. Cheatham</u> ADDRESS <u>Salina Mo</u>
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per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 12 1951
Dist. File 951-1627
Date Filed 9-12-51

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Malena 9mo

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.