

FILED NOV 1 1951

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32782  
Registrar's No. 301

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

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

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Fulton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Fulton</b>	
c. LENGTH OF STAY (in this place) <b>7 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>3 1/2 miles west Fulton, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Callaway Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Richard</b>	b. (Middle) <b>Harding</b>	c. (Last) <b>Davis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 22, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 28, 1930</b>	9. AGE (In years last birthday) <b>21</b>	IF UNDER 1 YEAR <b>5</b> Days	IF UNDER 24 HRS. <b>24</b> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Building laborer</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Clarence Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Harriet Harding</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>DK</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clarence Davis, RR#5, Fulton, Mo</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart &amp; Pulmonary Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

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 SPECIFIC HOME/ROAD (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Clinton Twp. Callaway Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) <b>Oct 22 1951 12:30 a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Automobile Collision</b>
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22. I hereby certify, that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>M. L. Loret</b>	(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Fulton Missouri</b>	23c. DATE SIGNED <b>10/23/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/24/1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Central</b>	24d. LOCATION (City, town, or county) (State) <b>Callaway County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Oct 27-1951</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	426	25. FUNERAL DIRECTOR'S SIGNATURE <b>Marguerite Maugin</b>	ADDRESS <b>Funeral Home, Fulton, Mo.</b>
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File No. ....  
DISTRICT HEALTH OFFICE No. 4

OCT 27 1951

RECEIVED

**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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.