

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42666

State File No.

FILED JAN 5 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 480

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		d. STREET ADDRESS (If rural, give location) 808 Dewey	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) F.	c. (Last) Davis	4. DATE OF DEATH (Month) (Day) (Year) Dec 25 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 25 1879	9. AGE (In years last birthday) 72	If UNDER 1 YEAR Months 0	If UNDER 1 WEEK Days 0	If UNDER 1 HOUR Hours 0	If UNDER 1 MIN. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY postal employee	11. BIRTHPLACE (State or foreign country) Ralls County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Davis	13b. MOTHER'S MAIDEN NAME Mary F. Mills	14. NAME OF HUSBAND OR WIFE Effie Casebolt Davis
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. John F. Davis	ADDRESS Farmington, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	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 <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)
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?

22. I hereby certify that I attended the deceased from 9-29, 1951, to 12-25, 1951, that I last saw the deceased alive on 12-24, 1951, and that death occurred at 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. Richard Couch M.D.	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 12-26-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec 27 1951	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. Dec 26, 1951	REGISTRAR'S SIGNATURE Cather Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C. H. Cozean	ADDRESS Farmington Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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#0
#31

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 30 1951

RECEIVED

DEC 30 1951

DEC 30 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

C. Hozean

Licensed Embalmer No. *4084*

P. O. Address *Farmington, Me.*

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.