

FILED JAN 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44068

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5655 Registrar's No. 1117 2

1. PLACE OF DEATH a. COUNTY Lawrence <b>0550</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mount Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California <b>0681</b>	
c. LENGTH OF STAY (In this place) 600 days		d. STREET ADDRESS (If rural, give location) 600 S. Taylor <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Sanatorium			

3. NAME OF DECEASED (Type or Print) a. (First) Melva b. (Middle) Edna c. (Last) Davis			4. DATE OF DEATH (Month) Dec. (Day) 30, (Year) 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 10-21-18		9. AGE (In years last birthday) 33
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker		10b. KIND OF BUSINESS OR INDUSTRY Garment Factory		11. BIRTHPLACE (State or foreign country) Missouri <b>1</b>	
13a. FATHER'S NAME John Herbert Davis			13b. MOTHER'S MAIDEN NAME Mary Edna Comer		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 499-09-3899		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Ruby Ann (Wilson) Peck, Mount Vernon, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis			
		ANTECEDENT CAUSES			
		DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>		<b>002-X</b>			

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 5-9-1950, to 12-30-1951 that I last saw the deceased alive on 12-30-1951, and that death occurred at 5:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. A. Orsaker M.D. D		23b. ADDRESS Missouri State Sanatorium, Mt. Vernon, Mo.		23c. DATE SIGNED 12-31-51	
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24a. BURIAL, CREMATION-REMOVAL (Specify) Removal		24b. DATE 12-31-51		24c. NAME OF CEMETERY OR CREMATORY California		24d. LOCATION (City, town, or county) (State) Mo	
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DATE REC'D BY LOCAL REG. Jan 2 1952		REGISTRAR'S SIGNATURE Cecil Handwerker		25. FUNERAL DIRECTOR'S SIGNATURE Max T. Fessett		ADDRESS Mt. Vernon, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 May L. Fossett

Licensed Embalmer No. 4252

P. O. Address Altaville 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.