

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1259**

BIRTH NO. _____		REG. DIST. NO. 100	PRIMARY REG. DIST. NO. 5382	Registrar's No. 6
1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent		
b. CITY (If outside corporate limits, write RURAL and give name of CITY OR TOWN Rural ? Osborn)		c. LENGTH OF STAY (in this place) 4 yrs		
d. FULL NAME OF HOSPITAL OR INSTITUTION none		c. CITY (If outside corporate limits, write RURAL and give township) Rural		
		d. STREET ADDRESS (If rural, give location) Near Darien, Missouri		
3. NAME OF DECEASED (Type or Print) a. (First) Bennie		b. (Middle) Dale		c. (Last) Davis
4. DATE OF DEATH (Month) (Day) (Year) 1/10/52				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Never married	8. DATE OF BIRTH 8/31/47	9. AGE (In years last birthday) 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Everett Davis		13b. MOTHER'S MAIDEN NAME Neoma Lough		14. NAME OF HUSBAND OR WIFE none
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 Everett Davis, Darien, Missouri
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dent County, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1/10/52 4:25p.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in path of truck.
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 4:20p.m. , from the causes and on the date stated above.				
23a. SIGNATURE [Signature]		23b. ADDRESS Salem, Missouri		23c. DATE SIGNED 1/13/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/13/52		24c. NAME OF CEMETERY OR CREMATORY St. Jadwin Cemetery
24d. LOCATION (City, town, or county) (State) Dent County, Missouri				
DATE REC'D BY LOCAL REG. 1-17-52		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Salem, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

0330

0330

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.