

5. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7479

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 371

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington 0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION RR #6		d. STREET ADDRESS (If rural, give location) R.F.D. # 6, 0	

3. NAME OF DECEASED (Type or Print) a. (First) BOYD b. (Middle) HAROLD c. (Last) DAVIES			4. DATE OF DEATH (Month) (Day) (Year) 4 7 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-20-1898	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Troy, Kansas /		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Davies		13b. MOTHER'S MAIDEN NAME Stella ?		14. NAME OF HUSBAND OR WIFE Marion Davies	
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 ADDRESS Marion Davies (wife) Rt. # 6,	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Carbon Monoxide from Poisoning his Automobile ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Man was asphyxiated while in his car in the garage with the engine running. DUE TO (c) one of the garage doors was open when the body was found				INTERVAL BETWEEN ONSET AND DEATH 1 day	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				E8910-15	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (a) (In or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY OR TOWNSHIP (COUNTY) (STATE) Washington Buchanan Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 7-1952 7:00 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Automobile in the garage, engine running	

22. I hereby certify that I attended the deceased from on 4/7, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)		23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 4/7/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-10-1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	
DATE REC'D BY LOCAL REG. April 9, 1952		REGISTRAR'S SIGNATURE Carl C. Cash		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS St. Joseph, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0110 /

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 John E. Rupp
Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.