U.S. No. 300
Rev. 10.48

REC'D MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12208

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 163

0143
1

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

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (In this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 216 Oliver St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton 0143
d. STREET ADDRESS (If rural, give location): 216 Oliver St.,

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): H.
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): May 5 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May, 20, 1881
9. AGE (In years last birthday): 70 — If under 1 year: Months 11 Days 15 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Hotel Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Callaway Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James M. Davis
13b. MOTHER'S MAIDEN NAME: Mary Whyte
14. NAME OF HUSBAND OR WIFE: Edna Jones Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 497-10-1072
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Blanche Davis, Fulton, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerosis, generalized — 10 yrs.
DUE TO (c) Diabetes mellitus — 15 yrs +

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetic gangrene, rt foot — 2 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 2b0X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 18 1951, *to* May 5, 1952, *that I last saw the deceased alive on* May 5, 1952, *and that death occurred at* 2 55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patricia F. Lamer, M.D.
23b. ADDRESS: 607 Court St., Fulton
23c. DATE SIGNED: May 8, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May-7-1952
24c. NAME OF CEMETERY OR CREMATORY: Mokane Cemetery
24d. LOCATION (City, town, or county) (State): Mokane Mo

DATE REC'D BY LOCAL REG.: May 8-1952
REGISTRAR'S SIGNATURE: Maretta Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wallace Funeral Home Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 15 1952

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 William E. Frehse

Licensed Embalmer No. 4870

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.