

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23953

State File No.

FILED JUL 29 1952

BIRTH NO.		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>CHINTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MO.</u> b. COUNTY <u>CHINTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. LENGTH OF STAY (in this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON 0251</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAMERON COMMUNITY HOSP 524 Nth CHINTON</u>				d. STREET ADDRESS (If rural, also location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>LEWIS</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1952</u>				
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 2 1884</u>	
9. AGE (In years last birthday) <u>68</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM WORK</u>				11. BIRTHPLACE (State or foreign country)			
13a. FATHER'S NAME <u>JAMES DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA CUNNINGHAM</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE DAVIS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give way or date of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Byron Carl Davis T.C.R.</u>			
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) <u>Cerebrovascular thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Diabetes</u> 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"/>		260x					
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) (Min)		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 <u>7-1</u> , 19 <u>49</u> , to <u>7-20</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>7-20</u> , 19 <u>52</u> and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Cameron MO</u>		23c. DATE SIGNED <u>7-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kidder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kidder Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-22-52</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>		ADDRESS <u>Cameron</u>	

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

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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.....

Robert F. Poland.

Licensed Embalmer No. 4777

P. O. Address 922 West 5th
Lawrence, 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.