L. Davis
S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26926

BIRTH NO. AUG 6 1952 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 131

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

1. PLACE OF DEATH
a. COUNTY Vernon 108 2 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nevada
c. LENGTH OF STAY (in this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nevada City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nevada 108 2 0
d. STREET ADDRESS (If rural, give location) 322 W. Austin Street

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) R. c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) 7-14-52

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 5-2-1875
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months 2 Days 13 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Dealer
10b. KIND OF BUSINESS OR INDUSTRY Store Operated Furniture
11. BIRTHPLACE (State or foreign country) Harrison Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alfred H Davis
13b. MOTHER'S MAIDEN NAME Selina Wakefield
14. NAME OF HUSBAND OR WIFE Widowed

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. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethyl May Nevada Mo. ADDRESS

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) Fracture of skull — INTERVAL BETWEEN ONSET AND DEATH 20 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia
E9000
21
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease yrs Diabetes Nephrosclerosis yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 108
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~[illegible]~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home
21c. (CITY, TOWN, OR TOWNSHIP) Nevada (COUNTY) Vernon (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-14-52 3 a. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Due to confusion he wandered outside + fell down basement steps.

22. *I hereby certify that I attended the deceased from* 5-4-43, 19__, *to* 7-14-52, 19__, *that I last saw the deceased alive on* 7-14-52, 19__, *and that death occurred at* 11 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Bratton Davis, M.D.
23b. ADDRESS Nevada, Mo.
23c. DATE SIGNED 7-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-18-52
24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park
24d. LOCATION (City, town, or county) (State) Nevada, Mo.

DATE REC'D BY LOCAL REG. 8-2-1952
REGISTRAR'S SIGNATURE Anna J. Ferry 451
25. FUNERAL DIRECTOR'S SIGNATURE Allen V. Hays ADDRESS Nevada Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.