

FILED SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give nearest town) <u>Unionville</u>		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN) <u>Unionville 0860</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>D</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Jessie</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 18 1952</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>2-18-80-1-5</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>72 07 13</u>	
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10a. USUAL OCCUPATION (State kind of work done during most of working life, or if retired) <u>retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MO - D</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
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13a. FATHER'S NAME <u>John Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Gand Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Davis</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-07-0713</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>		DUE TO (b) _____			
		ANTECEDENT CAUSES		DUE TO (c) _____			
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>		<p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 7-15, 1945, to 8-18, 1952 that I last saw the deceased alive on 8-11, 1952 and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.W. McDonald</u>		23b. ADDRESS <u>Unionville, Mo.</u>		23c. DATE SIGNED <u>8-21-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-21-52</u>		24c. NAME OF GEMETERY OR CREMATORY <u>Unionville</u>		24d. LOCATION (City, town, or county) (State) <u>Unionville Mo</u>	
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DATE REC'D BY LOCAL REG. <u>9-4-52</u>		REGISTRAR'S SIGNATURE <u>Marcell Durbin</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>L. Husted</u>		ADDRESS <u>Unionville Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1860

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *J. O. Husted*.....

Licensed Embalmer No. *2975*.....

P. O. Address *Unionville N.C.*.....

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.