

No. 300
10-48 SEP 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31171

State File No.

BIRTH NO.		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5381</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Currnet typ</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Currnet typ</u>		<u>033</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>				d. STREET ADDRESS (If rural, give location) <u>Near Joy Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>A</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9/17/52</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>4/11/94</u>	
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Spaulding Springs Mo</u>	
11a. FATHER'S NAME <u>James D Davis</u>		11b. MOTHER'S MAIDEN NAME <u>Martha Webb</u>		11c. NAME OF HUSBAND OR WIFE <u>Mable Davis</u>			
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		12. SOCIAL SECURITY NO. <u>X</u>		12. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jess H Trenter Quincy Ill</u>			
13. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound, suicide</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ill health</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>X</u>
13a. DATE OF OPERATION		13b. MAJOR FINDINGS OF OPERATION				13c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
14a. ACCIDENT SUICIDE HOMICIDE <u>suicide</u>		14b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		14c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Current typ Dent Co. Mo</u>		14d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
14d. TIME OF INJURY		14e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		14f. HOW DID INJURY OCCUR? <u>X</u>			
15. I hereby certify that I attended the deceased from <u>X</u> , 19 <u>X</u> , to <u>X</u> , 19 <u> </u> , that I last saw the deceased alive on <u>X</u> , 19 <u>X</u> , and that death occurred at <u>???</u> m., from the causes and on the date stated above.							
16. SIGNATURE (Degree or title) <u>Carl H. Trenter</u> Coroner				16b. ADDRESS <u>Salem Dent Co. Mo</u>		16c. DATE SIGNED <u>9/22/52</u>	
17a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		17b. DATE <u>9/22/52</u>		17c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>		17d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>	
18. DATE REC'D BY LOCAL REG. <u>9-25-52</u>		18. REGISTRAR'S SIGNATURE <u>M. M. Hart</u>		18. FUNERAL DIRECTOR'S SIGNATURE <u>Carl H. Trenter</u>		18. ADDRESS <u>Salem Mo</u>	

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

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FEB 6 1953

STATEMENT BY LICENSED EMBALMER

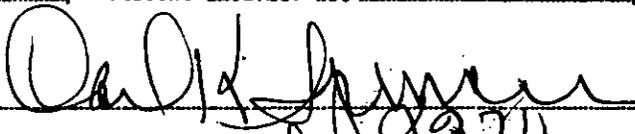
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

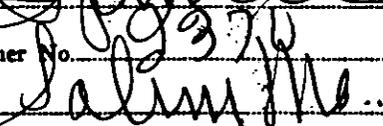
Student
Student Embalmer

Signed _____



Licensed Embalmer No. _____

P. O. Address _____



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.