

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **35959**

NOV 5 1952

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

BIRTH NO. _____		REG. DIST. NO. <b>282</b>		PRIMARY REG. DIST. NO. <b>5971</b>		Registrar's No. <b>120</b>	
1. PLACE OF DEATH a. COUNTY <b>Jack</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jack</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bolivar (N.E. Marion Twp)</b>		c. LENGTH OF STAY (In this place) <b>1 year</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bolivar (N.E. Marion Twp)</b>		0840	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>North part of Bolivar</b>				d. STREET ADDRESS (If rural, give location) <b>North part of Bolivar</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ernest</b> b. (Middle) <b>William</b> c. (Last) <b>Davis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 20 1952</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 6 1890</b>	9. AGE (In years last birthday) <b>61</b>	10. Months <b>10</b>	11. Days <b>14</b>	12. If under 1 year, Hour   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Work</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Coventry, Nebraska</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William E. Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Katie Greber</b>		14. NAME OF HUSBAND OR WIFE <b>Gladys Davis</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>Mrs. Gladys Davis, Bolivar, Mo</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage + extreme exposure white alone</b> 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.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>331X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 <b>1946</b> , 19___, to <b>Oct 20, 1952</b> , that I last saw the deceased alive on <b>Oct 20, 1952</b> , and that death occurred at <b>3:15 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>M. J. Dumbrey, M.D.</b>				23b. ADDRESS <b>Bolivar, Mo.</b>		23c. DATE SIGNED <b>10-20-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Oct 23 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge</b>		24d. LOCATION (City, town, or county) (State) <b>S.W. of Aldrich Mo</b>	
DATE REC'D BY LOCAL REG. <b>10-27-1952</b>		REGISTRAR'S SIGNATURE <b>Ralph Gardner</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>Ernest Blue</b>		ADDRESS <b>Bolivar, Mo</b>	

(Licensed Embalmers to Sign on Reverse Side)

EST L.A.W.

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 *Chas J. Esteri*  
Licensed Embalmer No. *4154*

P. O. Address *Bahia, Md.*

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.