

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4541  
State File No. 4651

FILED FEB 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 5441 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fordland		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fordland	
c. LENGTH OF STAY (In this place)		1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) CORNELIUS	b. (Middle) ROBERT	c. (Last) DAVIS	January 12, 1953		
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 1900 Oct. 15, 1953	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired-farmer		10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Davis	13b. MOTHER'S MAIDEN NAME Maria Powell	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Asa Davis Fordland, Mo.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho. Pneumonia.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.		491X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No operation.	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)	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 Dec. 15, 1952, to Jan. 12, 1953, that I last saw the deceased alive on Jan 11, 1953, and that death occurred at 6:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE A. R. Schultz	(Degree or title) 2	23b. ADDRESS Fordland, Mo.	23c. DATE SIGNED 2/10/53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-14-53	24c. NAME OF CEMETERY OR CREMATORY Bruner Cemetery	24d. LOCATION (City, town, or county) (State) Brouder, Missouri

DATE REC'D BY LOCAL REG. 2-10-53	REGISTRAR'S SIGNATURE Leta W. Good	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Ferrell	ADDRESS Fordland, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1120  
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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 K. K. Kelley.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3334.....

P. O. Address Fairland, 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.