

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

**9468**

State File No. \_\_\_\_\_  
Registrar's No. 3

**FILED APR 14 1954**

225

16342

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>MONTGOMERY</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JONESBURG</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MONTGOMERY</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JONESBURG</u> d. STREET ADDRESS (If rural, give location) <u>070g</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>DAVIS</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>4/6 54</u>			
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>2/10/1890</u>	<b>9. AGE</b> (In years last birthday) <u>64</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 1 HR.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> 		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Law Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>Wm DAVIS</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>NANCY CULLOM</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>MARIE DAVIS</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>Worldwar I</u>	<b>16. SOCIAL SECURITY NO.</b> <u>498-186853</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>MARIE DAVIS</u> ADDRESS <u>Jonesburg Mo</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>PULMONARY OEDEMA (ACUTE)</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA of DESCENDING COLON WITH METASTASIS LUNGS</u> DUE TO (c) <u>LIVER, BONES ETC.</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 hrs</u>
<b>II. OTHER SIGNIFICANT CONDITIONS-</b> Conditions contributing to the death but not related to the disease or condition causing death.			<u>153X</u>

<b>19a. DATE OF OPERATION</b> <u>FEB 8, 1954</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>CARCINOMA of DESCENDING COLON, LIVER etc.</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>None</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>3:03 P.M. 4-24</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Jan 5, 1952, to April 6, 1954, that I last saw the deceased alive on April 5, 1954, and that death occurred at 1 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>James O. Helm M.D.</u>	<b>23b. ADDRESS</b> <u>New Florence Mo.</u>	<b>23c. DATE SIGNED</b> <u>4-7-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>burial</u>	<b>24b. DATE</b> <u>4/8/54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Jonesburg</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Jonesburg MO.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>4-11-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. May Miller</u>	<b>25. FEDERAL DIRECTOR'S SIGNATURE</b> <u>Carl A. Harding</u> ADDRESS <u>Jonesburg Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

APR 16 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 \_\_\_\_\_

*Paul A. Darling*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*4115  
Jonesburg 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.