

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31477

State File No.

FILED OCT 11 1954

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>71</u>			
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>			c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Unionville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0860</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ora</u>			b. (Middle) <u>Delmar</u>		c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24 1954</u>		
5. SEX <u>0</u> <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>April 11 1875</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u> IF UNDER 24 HRS. Hours <u>13</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam County Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Umberson Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Kathleen Isabelle Foster</u>			14. NAME OF HUSBAND OR WIFE <u>Grace Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Boyd Davis</u>			ADDRESS <u>Unionville, Mo.</u>		
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) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9-20-54</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>					
				DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cardiac Catheter - myocarditis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>						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 <u>4-7 - 1952</u> , to <u>9-24, 1954</u> , that I last saw the deceased alive on <u>9-24, 1954</u> , and that death occurred at <u>8:15 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>L. W. McDonald Do 2</u>				23b. ADDRESS <u>Unionville Mo</u>			23c. DATE SIGNED <u>9 / 25 / 54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 26 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Unionville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-8-54</u>		REGISTRAR'S SIGNATURE <u>Marvella Durbin</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Comstock Funeral Home</u>		ADDRESS <u>Unionville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 1

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.....
Signature of Student Embalmer

Signed *James W. Comstock*.....

Licensed Embalmer No. *419*.....

P. O. Address *Unionville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.