No. 300
10-48

FILED DEC 20 1954

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

State File No. 41770

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4337 Registrar's No. 45

690

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

**1. PLACE OF DEATH**
a. COUNTY: Monroe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Madison
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Madison 0690
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Claude
b. (Middle): Boone
c. (Last): Davis

**4. DATE OF DEATH** (Month) (Day) (Year): 12-12-54

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: 6/29/1879
**9. AGE** (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farming
**10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE** (State or foreign country): Madison, Mo 0
**12. CITIZEN OF WHAT COUNTRY?**: USA.

**13a. FATHER'S NAME**: Hiram Tucker Davis
**13b. MOTHER'S MAIDEN NAME**: Betty Hooper
**14. NAME OF HUSBAND OR WIFE**: Myrtle Powell

**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**: Mrs Claude Davis — ADDRESS: Madison 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.

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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
4202
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Dec 12, 1954, *to* Dec 12, 1954, *that I last saw the deceased alive on* Dec 12, 1954, *and that death occurred at* 5:05 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): T. K. Turner D.O.
**23b. ADDRESS**: Madison Mo
**23c. DATE SIGNED**: 12-14-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 12/14/54
**24c. NAME OF CEMETERY OR CREMATORY**: Sunset Hill
**24d. LOCATION** (City, town, or county) (State): Madison Mo

**DATE REC'D BY LOCAL REG.**: 12-18-54
**REGISTRAR'S SIGNATURE**: Elsie Robertson 471-0
**25. FUNERAL DIRECTOR'S SIGNATURE**: Fred E. Thompson — ADDRESS: Madison Mo

(Licensed Embalmer's Statement on Reverse Side)

## 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 [illegible] Fred G. [illegible]

Licensed Embalmer No. 3282

P. O. Address [illegible]

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.