V.S. No. 300
Rev. 10.48

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12072

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5103 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lindsey Township
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 mile south of Lincoln

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: mo
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lindsey Township 0080
d. STREET ADDRESS (If rural, give location): 6 mile south of Lincoln on warsaw Rt 1

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Lee c. (Last) Davis
4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1957
5. SEX: male O
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: april 2, 1870
9. AGE (In years last birthday): 87 IF UNDER 1 YEAR: Months / Days 6 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: Farm
11. BIRTHPLACE (State or foreign country): Benton Co. mo. O
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: marcus Davis
13b. MOTHER'S MAIDEN NAME: mary Bud
14. NAME OF HUSBAND OR WIFE: Sarah Davis warsaw Rt 1
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Sarah Davis ADDRESS: warsaw Rt 1

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis and Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Thrombotic Encephalomalacia — 1 mo
DUE TO (c) and Cerebral Hemorrhage — 7 yrs
Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 332X
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* April 1, 1957 *to* April 8, 1957 *that I last saw the deceased alive on* April 7, 1957, *and that death occurred at* 1:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lessie Sally (Degree or title) D.O. 2
23b. ADDRESS: Warsaw, Mo.
23c. DATE SIGNED: 4/10/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: april 11, 1957
24c. NAME OF CEMETERY OR CREMATORY: mt pleasant Cemetery
24d. LOCATION (City, town, or county) (State): Benton County mo

DATE REC'D BY LOCAL REG.: Apr. 10-1957
REGISTRAR'S SIGNATURE: Jas. A. Logan.
25. FUNERAL DIRECTOR'S SIGNATURE: Fred Davis & Son
ADDRESS: Lincoln

(Licensed Embalmer's Statement on Reverse Side)

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

23-0

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 John R. Sermin

Licensed Embalmer No. 4880

P. O. Address Versailles, 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.