

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 18 1949

State File No. 14704

BIRTH NO. 49904-48 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Memorial Hospital		d. STREET ADDRESS (If rural, give location) 407 E. Missouri Street	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Lavan c. (Last) Davis	4. DATE OF DEATH (Month) (Day) (Year) May 10 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 28, 1948	9. AGE (In years last birthday) 8	10. UNDER 1 YEAR 12	11. UNDER 12 HRS. 0	12. UNDER 1 MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unionville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Bert C. Davis	13b. MOTHER'S MAIDEN NAME Lorene Buckallaw	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 0	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME Bert Davis ADDRESS Kirksville, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Convulsions from poison ingestion of		INTERVAL BETWEEN ONSET AND DEATH few hrs 24 hrs 88870 14
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - Apparently from toxic powder (Sodium fluoride?)		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 124
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22. I hereby certify that I attended the deceased from **5/10**, 19**49**, to **5/10**, 19**49**, that I last saw the deceased alive on **5/10**, 19**49**, and that death occurred at **10:55AM**, from the causes and on the date stated above.

23a. SIGNATURE George E. Grim (Degree or title) MD	23b. ADDRESS Kirksville, Missouri	23c. DATE SIGNED 5/10/49
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24a. BURIAL CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-10-49	24c. NAME OF CEMETERY OR CREMATORY Thompson Cemetery	24d. LOCATION (City, town, or county) (State) Putman Co Mo
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DATE REC'D BY LOCAL REG. 5-10-49	REGISTRAR'S SIGNATURE Mate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Constance Funeral Home ADDRESS Unionville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 5-49-88

Date Filed MAY 17 1949

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.

Signed Richard P. Cassidy

Signed.....
Student Embalmer

Licensed Embalmer No. 4617

P. O. Address Unionville, N.C.

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.