

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **15185**

FILED JUN 6 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4087 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren-Carter T.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leroy Vance</u> b. (Middle) _____ c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 49</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 15 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance office Building</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Albany Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>George n. Davis</u>	
13b. MOTHER'S MAIDEN NAME <u>Francis Burton</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY (If yes, give war or date of service) <u>493-18-1341</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. Max Davis Van Buren</u> ADDRESS <u>Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric carcinoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> ANTECEDENT CAUSES _____ Morbidity 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		151X	
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 (Month) (Day) (Year) (Hour) OF INJURY _____	
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>June 19 45</u> , to <u>May 19 19 49</u> , that I last saw the deceased alive on <u>May 19, 1949</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank J. Rucinski D.O.</u>		23b. ADDRESS <u>2 Van Buren, Mo.</u>	
23c. DATE SIGNED <u>5-19-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
24b. DATE <u>5-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins</u>	
24d. LOCATION (City, town, or county) (State) <u>Hopkins Mo</u>		DATE REC'D BY LOCAL REG. <u>May 19-49</u>	
REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>		50	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Sewell</u>		ADDRESS <u>Van Buren Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

18  
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RECEIVED

5/23/49

District Health Officer No. 5,

District File Number 649397

Date Filed 6/3/49

JUN 6 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 Seaton Hewitt

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.