

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5812

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 3007		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Richmond</u>		c. LENGTH OF STAY (In this place) <u>55 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		0891	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sirraf Addition</u>				d. STREET ADDRESS (If rural, give location) <u>Sirraf Addition</u>			
3. NAME OF DECEASED (Type or Print) <u>CLEM</u>		a. (First)		b. (Middle) ---		c. (Last) <u>DAVIS</u>	
4. DATE OF DEATH <u>Jan. 28, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan. 27, 1895</u>		9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>		11. BIRTHPLACE (State or foreign country) <u>Richmond, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William M. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ballard</u>		14. NAME OF HUSBAND OR WIFE <u>Vadie Munkers Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>196-10-8896</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clem Davis, Richmond, 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>Congestive heart failure.</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Chronic pyelonephritis, left</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Benign prostatic hypertrophy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>12 days</u> <u>8 years</u> <u>4 years</u>	
19a. DATE OF OPERATION <u>1-16-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Anuria, Benign prostatic hypertrophy</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) <u>1010X</u>			
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? <u>1</u>			
22. I hereby certify that I attended the deceased from <u>Jan 11, 1950</u> , to <u>Jan 28, 1950</u> , that I last saw the deceased alive on <u>Jan 28, 1950</u> , and that death occurred at <u>8:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Malvin L. Trasteron, MD.</u>				23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>Feb. 3, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 30, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>(Sunny Slope Cemetery)</u>		24d. LOCATION (City, town, or county) (State) <u>(Richmond, Missouri)</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 3-1950</u>		REGISTRAR'S SIGNATURE <u>Malvin L. Trasteron</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home</u>		ADDRESS <u>Richmond, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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RECEIVED FEB 3

District Health Officer No. 8,

District File Number.....

Date Filed 2-23-50

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, ~~copy~~

working under my personal supervision.

Student Embalmer No.....

Signed William L. Thurman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.