

No. 300  
10.48  
264

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8085

State File No. \_\_\_\_\_  
Registrar's No. 73

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>317 Adams</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>317 Adams</u>			

3. NAME OF DECEASED (Type or Print) Gertude Cornelia Davis

a. (First) \_\_\_\_\_ b. (Middle) \_\_\_\_\_ c. (Last) \_\_\_\_\_

4. DATE OF DEATH March 18 1950  
(Month) (Day) (Year)

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov. 24 1868

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR: Months 3 Days 24 IF UNDER 1 HR.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own

11. BIRTHPLACE (State or foreign country) Jefferson City Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joab Barton 13b. MOTHER'S MAIDEN NAME Isabella F. Gordon 14. NAME OF HUSBAND OR WIFE Walter Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs Minnie McCleery ADDRESS Jefferson City Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cancer of stomach

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.

INTERVAL BETWEEN ONSET AND DEATH 3 mo

15A

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

I hereby certify that I attended the deceased from 2-19, 1950, to 3-17, 1950, that I last saw the deceased alive on 3-17, 1950, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward G. Curtis M.D. 23b. ADDRESS Jefferson City, Mo. 23c. DATE SIGNED 3/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE March 20 1950 24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery 24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

DATE REC'D BY LOCAL REG. March 27 1950 REGISTRAR'S SIGNATURE R.P. Dennis M.D. - Norumb. Co. 25. FUNERAL DIRECTOR'S SIGNATURE Victor Buecher ADDRESS Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 28 1950  
District Health Officer No. 9,  
District File Number

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. 315

working under my personal supervision.

Student Bill Brown  
Student Embalmer

Signed

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.