

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **14205**

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 132

1. PLACE OF DEATH
 a. COUNTY PLEASANT VIEW Home Rndls
 b. CITY OR TOWN Huntsville c. LENGTH OF STAY (in this place) 9 mo
 d. FULL NAME OF HOSPITAL OR INSTITUTION Pleasant View Home

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
 a. STATE Mo b. COUNTY Monroe
 c. CITY OR TOWN Madison b.c. 90
 d. STREET ADDRESS Road 1

3. NAME OF DECEASED
 a. (First) FRANK b. (Middle) _____ c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year)
4 2 1950

5. SEX M **6. COLOR OR RACE** W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 11/15-1861
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR: Months 4 Days 17 IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Madison Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOE DAVIS **13b. MOTHER'S MAIDEN NAME** MARY DUNAWAY **14. NAME OF HUSBAND OR WIFE** ALICE-EDAVIS Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Harry Davis **ADDRESS** Madison Mo

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) arterio-sclerosis
 DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
4221

INTERVAL BETWEEN ONSET AND DEATH
3 mo
D.K.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** none

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?** _____

22. I hereby certify that I attended the deceased from April 1, 1950, to April 2, 1950 that I last saw the deceased alive on April 2, 1950, and that death occurred at 4 a. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ **23b. ADDRESS** Huntsville Mo **23c. DATE SIGNED** 4/3/50

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ **24b. DATE** 4/4-1950 **24c. NAME OF CEMETERY OR CREMATORY** Sunset Hill **24d. LOCATION** (City, town, or county) (State) Madison Monroe Mo

DATE REC'D BY LOCAL REG. 4-10-50 **REGISTRAR'S SIGNATURE** Mrs. D. A. Barnhart **25. FUNERAL DIRECTOR'S SIGNATURE** Fred G. Thompson **ADDRESS** Madison Mo

Mary H. Gentles (Licensed Embalmer's Statement on Reverse Side)

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

6880
 4

RECEIVED APR 14 1950
District Health Officer No. 10
District File Number 4-57-62
Date Filed APR 14 1950

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 *Fred G. Thompson* _____

Licensed Embalmer No. 1420 _____

P. O. Address *Madison, 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.