V.S. No. 300
Rev. 10-48

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43522

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 1

0242 0

1. PLACE OF DEATH
a. COUNTY: clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (In this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Excelsior Springs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs 0212
d. STREET ADDRESS (If rural, give location): 620 Henrie Street

3. NAME OF DECEASED (Type or Print)
a. (First): ALVIN
b. (Middle): C
c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31, 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 6, 1888
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 8, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchmaker
10b. KIND OF BUSINESS OR INDUSTRY: Watch Repair
11. BIRTHPLACE (State or foreign country): Brandon, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Sterling Davis
13b. MOTHER'S MAIDEN NAME: Lenna Sawyer
14. NAME OF HUSBAND OR WIFE: Nell Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI 6-14-18 6-13-19
16. SOCIAL SECURITY NO.: 491-01-8013
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Nell Davis, 620 Henrie, Ex. Spr. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diverticulitis-Cecum adherent to abdominal wall obstruction.

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.*

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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) m.
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* Dec. 29, 1950, *to* Dec. 31, 1950, *that I last saw the deceased alive on* Dec. 31, 1950, *and that death occurred at* 11:25P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. E. Baird M. D.
23b. ADDRESS: 202 Thompson Ave. Excelsior Springs, Mo.
23c. DATE SIGNED: 1-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-2-51
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill
24d. LOCATION (City, town, or county) (State): Excelsior Springs, Mo.

DATE REC'D BY LOCAL REG.: 1/12/51
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: David Richard Excelsior Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DISTRICT
HEALTH OFFICE
CAMERON, MO.

APR 3 1951

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 Lincoln K. Jasman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.