

FILED APR 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12356

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5503 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bothham Twp.</u>		c. LENGTH OF STAY (in this place) <u>ALLIE</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo</u>		d. STREET ADDRESS (If rural, give location) <u>RR # 9 0420</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS		

3. NAME OF DECEASED (Type or Print) a. (First) <u>JEFFERSON</u> b. (Middle) <u>S</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 15 51</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Dec 22 1868</u>		9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Henry Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>SILAS DAVIS</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZA JAMES</u>	14. NAME OF HUSBAND OR WIFE			
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Davis Clinton Mo</u>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uraemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Cardio-Vascular-Renal</u> DUE TO (c) <u>Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>
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19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>442x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from 8/17, 1950, to 4/15, 1951, that I last saw the deceased alive on 4/14, 1951, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ch. E. Peeler M.D.</u> (Degree or title)	23b. ADDRESS <u>Clinton, Mo</u>		23c. DATE SIGNED <u>4/16/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/17/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethesda Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Near Clinton Mo</u>		
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DATE REC'D BY LOCAL REG <u>April 17-51</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Consoley</u>	ADDRESS <u>Clinton Mo</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

420

RECEIVED 4-24-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-24-51 _____

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 _____

Eugene R. Consalus

Licensed Embalmer No. 4680

P. O. Address *Clinton, 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.