

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22550**

300  
1

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

BIRTH NO. _____		REG. DIST. NO. <b>96</b>		PRIMARY REG. DIST. NO. <b>5350</b>		Registrar's No. <b>65</b>	
1. PLACE OF DEATH a. COUNTY <b>Dallas</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Dallas</b>			
b. CITY (If outside corporate limits, write RURAL and give township): <b>Urbana</b>		c. LENGTH OF STAY (in this place) <b>40 HRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Urbana</b>		<b>0300</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>(None)</b> c. (Last) <b>Davis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July-30-1951</b>				
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M. 1</b>	8. DATE OF BIRTH <b>Dec-19-1871</b>		9. AGE (In years last birthday) <b>79</b>	10. UNDER 1 YEAR <b>7</b>	11. UNDER 15 HRS. <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Laclede Co., MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Robert D. Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy A. Murphy</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Minnie Davis, Urbana, Mo.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Minnie Davis</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b>	INTERVAL BETWEEN ONSET AND DEATH <b>?</b>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>151X</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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?			
22. I hereby certify that I attended the deceased from <b>July 26, 1951</b> , to <b>July 30, 1951</b> , that I last saw the deceased alive on <b>7-26, 1951</b> , and that death occurred at <b>5 p.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Clarence O. Gannon</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Buffalo Mo</b>		23c. DATE SIGNED <b>8-2-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Aug-1-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BOWERS Chapel cem</b>		24d. LOCATION (City, town, or county) (State) <b>Dallas Co. MO</b>		
DATE REC'D BY LOCAL REG. <b>8/6/51</b>		REGISTRAR'S SIGNATURE <b>Max J. B. Jones</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Vaughan-Rear</b>		ADDRESS <b>Urbana, Mo</b>	

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED

AUG 7 1951

Dist. File

851-1781

Date Filed

8-10-51

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address. Urbana 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.