S. No. 300
v. 10-48

FILED AUG 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26153

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 212

1. PLACE OF DEATH
a. COUNTY Boone 0105
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Columbia
c. LENGTH OF STAY (In this place) 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Columbia 0105
d. STREET ADDRESS (If rural, give location) Rural 4 0

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) Adrain c. (Last) Davis

4. DATE OF DEATH (Month) Aug (Day) 21 (Year) 1951

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** Nov 2, 1866 **9. AGE** (In years last birthday) 84 IF UNDER 1 YEAR: Months 9 Days 19 IF UNDER 24 HRS.: Hours Min.

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

13a. FATHER'S NAME Greenville B. Davis
13b. MOTHER'S MAIDEN NAME Isabella Glenn
14. NAME OF ~~HUSBAND~~ OR WIFE Dora Bell Fox 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. No
17. INFORMANT'S SIGNATURE OR NAME Shannon Davis ADDRESS Rt 4 Columbia 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

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. Myocarditis — 2 yrs

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓ 002X
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* Oct, 1937, *to* Aug-21, 1951, *that I last saw the deceased alive on* Aug 13, 1951, *and that death occurred at* 11:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE F. C. Quigley (Degree or title) M.D.
23b. ADDRESS Columbia Mo
23c. DATE SIGNED 8-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 23-1951
24c. NAME OF CEMETERY Liberty - "Ashland"
24d. LOCATION (City, town, or county) Boone Co. (State) Mo

DATE REC'D BY LOCAL REG. Aug 23 1951
REGISTRAR'S SIGNATURE Mrs R E Palmer
25. FUNERAL DIRECTOR'S SIGNATURE Powell ADDRESS Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-27-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-27-51

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, ~~only~~ _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Lyman H. Sprinkle
Licensed Embalmer No. 4013
P. O. Address Columbia, 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.