S. No. 300
v. 10.48

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

FILED OCT 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31028

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 307

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis 0804
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0
d. STREET ADDRESS (If rural, give location): 908 W. 7th

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Hamilton
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): Sept 22 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 2-1858
9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months 0 Days 20
IF UNDER 24 HRS.: Hours ___ Min. ___

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

13a. FATHER'S NAME: Colden Davis
13b. MOTHER'S MAIDEN NAME: Mary Moore
14. NAME OF HUSBAND OR WIFE: Nannie

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Walter Lierman
ADDRESS: Sedalia

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) Chronic Myocarditis. Decompensated. — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility- Arterio Sclerosis- Advanced Over I year.
DUE TO (c) ___

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia. — ?

19a. DATE OF OPERATION: ___
19b. MAJOR FINDINGS OF OPERATION: Medical treatment only. 4221
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None.
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): None. 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* Sept. 1st, 1951, *to* Sept. 22nd, 1951, *that I last saw the deceased alive on* Sept. 22nd, 1951, *and that death occurred at* 1 3. P. M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jno. B. Carlisle, M.D. Jno B Carlisle M.D.
23b. ADDRESS: Sedalia, Missouri.
23c. DATE SIGNED: 9-24-51.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-24-51
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Sedalia Mo

DATE REC'D BY LOCAL REG.: 9-24-51
REGISTRAR'S SIGNATURE: A. Boone Campbell Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: McLaughlin Bros
ADDRESS: Sedalia

251.0 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-2-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10-2-51

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 K. P. McCrary

Licensed Embalmer No. 8153

P. O. Address Sedalia Mo.

Signed _____
Student Embalmer

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.