

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17533

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Pulaski 0850		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Wisconsin b. COUNTY 8480	
b. CITY (If outside corporate limits, write RURAL and give township) OR Gasconade River near Waynesville, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Randolph 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Warren	b. (Middle) Wesley	c. (Last) Davies	4. DATE OF DEATH (Month) (Day) (Year) May 30, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 11 Nov 1929	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY - -	11. BIRTHPLACE (State or foreign country) Oxford, Wisconsin 1	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Mr Clarence V. Davies	13b. MOTHER'S MAIDEN NAME unknown	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) yes (Ind) 15 Aug 1951	16. SOCIAL SECURITY NO. - -	17. INFORMANT'S SIGNATURE AND ADDRESS Jesse J. Schulte, WOJG, USA Ft L.W., Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Less than 10 mins
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Laryngospasm DUE TO (c) Drowning		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Concussion of the brain			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 085 E9298 42	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gasconade River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Waynesville Pulaski Missouri
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 30, 1952 5:00Pm.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Drowned while swimming in Gasconade River
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE THOMAS E. [Signature]	(Degree or title)	23b. ADDRESS U S Army Hospital, Fort Leonard Wood, Missouri	23c. DATE SIGNED 31 May 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 31/52	24c. NAME OF CEMETERY OR CREMATORY Columbus Wesleyan	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 5-31-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Home crocker, mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-31-52

Pulaski County Health Officer

File Number

Date Filed

6-2-52

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

Frank R. Asmusberg

Signed.....
Student Embalmer

Licensed Embalmer No. 4832

P. O. Address J. Lewis, 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.