No. 300
10.48

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

FILED JUL 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20221

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5479 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRINSON
c. LENGTH OF STAY (In this place): 35 years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Grundy 0400
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRINSON
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): FINES
b. (Middle): E.
c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): June 28 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Dec 5 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 6, Days 23, 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: Agriculture
11. BIRTHPLACE (State or foreign country): Grundy Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA.
13a. FATHER'S NAME: FRANK DAVIS
13b. MOTHER'S MAIDEN NAME: Sally Long
14. NAME OF HUSBAND OR WIFE: MINNIE LONG DAVIS.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 487-14-7937
17. INFORMANT'S SIGNATURE OR NAME: Minnie Long Davis — ADDRESS: Brinson, 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) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: instantly

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic myocarditis — year.
DUE TO (c) Generalized arteriosclerosis — year.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchial asthma — 5 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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* 6-20, 1950, *to* 6-28, 1952, *that I last saw the deceased alive on* 6-21, 1952, *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Clark (Degree or title): M. D.
23b. ADDRESS: Trenton, Mo.
23c. DATE SIGNED: 7-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 1 1952
24c. NAME OF CEMETERY OR CREMATORY: Willis Chapel Cemetery
24d. LOCATION (City, town, or county) (State): R.7. D. BRINSON, Mo.

DATE REC'D BY LOCAL REG.: 7-1-52
REGISTRAR'S SIGNATURE: Irene Zaw
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Davis - Blackmon Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Clark

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. 454, working under my personal supervision.

Student Harold J. Roberts
Student Embalmer

Signed Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.