

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 25357

REC'D JUL 30 1952

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>4424</u>		Registrar's No. <u>82</u>			
1. PLACE OF DEATH a. COUNTY <u>Polk Co. 0840</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar 0200</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Humanville</u>		c. LENGTH OF STAY (In this place) <u>30 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cedar Springs 1</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humanville Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rt 5</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT. G.</u>			b. (Middle) _____		c. (Last) <u>DAVIS.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-12-52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 3</u>		8. DATE OF BIRTH <u>May 20 1872</u>		9. AGE (In years last birthday) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>William Davis</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Fannie Davis Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>John Davis Cedar Springs Mo</u>				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injured in automobile collision</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Fractures of Long Bones</u> DUE TO (c) <u>Skull Fracture</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Shock &amp; Hemorrhage</u>						E8124 25	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Highway 54</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cedar Springs Cedar Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-12-52-3:45 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by automobile while crossing</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>7-12, 1952</u> , and that death occurred at <u>4:30 pm</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. W. Robinson MD</u>				23b. ADDRESS <u>Humanville, Mo</u>			23c. DATE SIGNED <u>7/14/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial A</u>		24b. DATE <u>7-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tennessee Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Springs Mo</u>			
DATE REC'D BY LOCAL REG. <u>July 18, 1952</u>		REGISTRAR'S SIGNATURE <u>Ralph Garden</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Swinson</u>		ADDRESS <u>Crestwood - Cedar Springs Mo</u>		

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

**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. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Floyd C. Carothers* \_\_\_\_\_

Licensed Embalmer No. *4419* \_\_\_\_\_

P. O. Address *El Dorado Springs* \_\_\_\_\_

**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.