

5. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34427

State File No.

0180
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 15 1952

BIRTH NO. _____ REG. DIST. NO. ~~207~~ PRIMARY REG. DIST. NO. _____ Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Carter.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carter.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandin.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandin</u> <u>0180</u>	
c. LENGTH OF STAY (In this place) <u>1 year.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>-</u> c. (Last) <u>Davis.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15, 1952.</u>
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married.</u>	8. DATE OF BIRTH <u>Feb. 13, 1906.</u>
9. AGE (In years last birthday) <u>46.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw mill worker.</u>	11. BIRTHPLACE (State or foreign country) <u>Carter County, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Forestry.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jake Davis.</u>		13b. MOTHER'S MAIDEN NAME <u>Josie (unknown).</u>	14. NAME OF HUSBAND OR WIFE <u>Floria Mae Davis.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>496-01-7974.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mal Rodgers, Grandin, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (b) <u>Coronary Disease.</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Oct 15-52</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>42C1</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) <u>Dominion Ripley, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to <u>Oct 15 52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.			
23a. SIGNATURE <u>Clifford G. Goff</u>		23b. ADDRESS <u>Dominion, Mo.</u>	23c. DATE SIGNED <u>Oct 17, 1952.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>Oct. 17, 1952.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>50-1</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray Messrs. Dominion, Mo.</u>	

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.

Signed..... *Ray Mearns*

Signed.....
Student Embalmer

Licensed Embalmer No. *3743*.....

P. O. Address *Doniphan, 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.