

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37867

State File No.

FILED NOV 24 1952

S. No. 300
V. 10.48

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|---|-------------------------------|--|---|---|---|--|---|--------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>47</u> | | PRIMARY REG. DIST. NO. <u>3008</u> | | Registrar's No. <u>384</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u> | | | c. LENGTH OF STAY (In this place) <u>3 hrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN, <u>Mokane</u> | | | <u>0146</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Marion</u> c. (Last) <u>Davis</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 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>January 26/1909</u> | | 9. AGE (In years last birthday) <u>43</u> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | IF UNDER 15 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Lee Davis</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ollie Lindsey</u> | | 14. NAME OF HUSBAND OR WIFE <u>Julia</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>491 36 7497</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Roy Davis Mokane Missouri</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture Torn Brain</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>114</u> | | | | | 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 bldg., etc.) <u>Highway</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cedar Twp Callaway County Mo.</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 18 52 4:45 P</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Highway Accident Car Collision</u> | | | | | |
| 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 <u>5 P</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>M. Garrett</u> (Degree or title) <u>Coroner</u> | | | | 23b. ADDRESS <u>Fulton Callaway County Mo.</u> | | 23c. DATE SIGNED <u>11/19/52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov 20 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mokane Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mokane Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Nov. 22 1952</u> | | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u> | | ADDRESS <u>Fulton Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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JAN 14 1951

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

J. S. Ranson

Licensed Embalmer No. *2855*

P. O. Address *Hullton Wyo*

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.