

5. No. 300-
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45172**

FILED FEB 11 1954

BIRTH NO. _____ REG. DIST. NO. **299** PRIMARY REG. DIST. NO. **6027** Registrar's No. **7**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Reynolds | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE MO b. COUNTY Reynolds | |
| b. CITY OR TOWN Corridon | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Corridon | |
| c. LENGTH OF STAY (If this place) Life | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION own Home | | | |

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|---|---------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) _____ c. (Last) Davis | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 7 1953 | | |
| 5. SEX MO | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Oct. 10 1874 | 9. AGE (In years last birthday) 79 | 10. UNDER 1 YEAR Months 1 Days 27 Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Reynolds County MO | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME James H. Davis | | 13b. MOTHER'S MAIDEN NAME Matilda Sutterfield | | 14. NAME OF HUSBAND OR WIFE Mary Davis | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. unknown | | 17. INFORMANT'S SIGNATURE OR NAME Mary Davis - Corridon ADDRESS 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial Degeneration | | INTERVAL BETWEEN ONSET AND DEATH 1 yr. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma (Generalized) | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

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|--|--|---|
| 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) (Min.) | 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 **JULY**, 1950, to **DEC 7**, 1953 that I last saw the deceased alive on **Dec 7**, 1953, and that death occurred at **2:00 PM**, from the causes and on the date stated above.

| | | |
|---|-----------------------------------|--|
| 23a. SIGNATURE (Degree or title) Kenneth T Carter DO. 2 | 23b. ADDRESS Ullington, MO | 23c. DATE SIGNED 12/9/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) B | 24b. DATE Dec. 8 1953 | 24c. NAME OF CEMETERY OR CREMATORY Sutterfield Cemetery |
| 24d. LOCATION (City, town, or county) (State) Reynolds Co. MO. | | |

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|--|---|--|
| DATE REC'D BY LOCAL REG. 2/8/54 | REGISTRAR'S SIGNATURE E. W. Guffatrick | 25. FUNERAL DIRECTOR'S SIGNATURE Seaton Perwith ADDRESS Van Buren MO |
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(Licensed Embalmer's Statement on Reverse Side)

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

0.900

Received 2-10-54

Reynolds County Health Center

File No. 254 - 19

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 Seaton Peritt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.