

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5406**

FILED FEB 26 1957

BIRTH NO. _____ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **5675** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE Missouri - b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Hurricane		c. CITY OR TOWN Winfield 0570	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) life		e. STREET ADDRESS (If rural, give location) 3 mi. N. of Winfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi. N. of Winfield			

3. NAME OF DECEASED (Type or Print) GEORGE WASHINGTON Lee DAVIS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH FEB. 15, 1957
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 7, 1863	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer - ret.	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and State or Foreign Country) Winfield, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JONATHAN DAVIS	13b. MOTHER'S MAIDEN NAME ELIZABETH HAMMACK	14. NAME OF HUSBAND OR WIFE PAULINE DAVIS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME RAINFORD DAVIS, WINFIELD, MO	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		10 days
	ANTECEDENT CAUSES DUE TO (b) Acute Viral Pneumonitis DUE TO (c) _____		6 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Debility of Age			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 492x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) 2
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **March 5, 1952**, to **Feb 15, 1957**, that I last saw the deceased alive on **Feb 15, 1957**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank L. Sutton (Degree or title) D.O.	23b. ADDRESS Winfield, Mo.	23c. DATE SIGNED 2/19/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-17-57	24c. NAME OF CEMETERY OR CREMATOR New Salem	24d. LOCATION (City, town, or county) (State) Winfield, Mo.
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DATE REC'D BY LOCAL REG. 2/25/57	REGISTRAR'S SIGNATURE Mrs Clarence Kinty	25. FUNERAL DIRECTOR'S SIGNATURE Paula Kints - Elsberry Mo	ADDRESS
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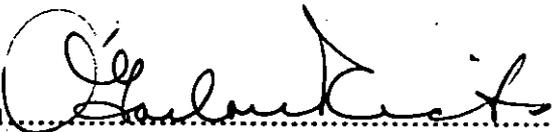
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 27 1957

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 401.....

P. O. Address Calaberry.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.