

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9263**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre	c. LENGTH OF STAY (In this place) Two Wks.	c. CITY OR TOWN Bonne Terre	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		STREET ADDRESS (If rural, give location) RFD. # 1 0940	

3. NAME OF DECEASED (Type or Print)	a. (First) Charlie	b. (Middle) Amos	c. (Last) Davis	4. DATE OF DEATH (Month) (Day) (Year) March 30 1955
--	---------------------------	-------------------------	------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 2, 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 9 Days 28	IF UNDER 24 HRS. Hours 0 Min. 0
-----------------------	----------------------------------	---	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Retired	10b. KIND OF BUSINESS OR INDUSTRY Hardware Store	11. BIRTHPLACE (City and State or Foreign Country) Patterson, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
---	--	--	--

13a. FATHER'S NAME Campell Davis	13b. MOTHER'S MAIDEN NAME Rebeca Boyer	14. NAME OF HUSBAND OR WIFE -----
--	--	--------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mae Berg, LeMay, Missouri	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		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) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
--	--	---

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 March 12, 1955, to March 30, 1955, that I last saw the deceased alive on March 30, 1955 and that death occurred at 3:30pm., from the causes and on the date stated above.

23a. SIGNATURE <i>Jack W. Miller, M.D.</i>	(Degree or title)	23b. ADDRESS 33 N. Allen, Bonne Terre, Mo.	23c. DATE SIGNED 4/4/55
---	-------------------	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/2/55	24c. NAME OF CEMETERY OR CREMATORY Germany Cemetery	24d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. Apr. 4, 1955	REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son Desloge, Mo.	ADDRESS
---	---	---	---------

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

APR 14 1935

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 *B. T. Dayer*

Licensed Embalmer No. *366*

P. O. Address *Heston, Va.*

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.