

FILED JAN 25 1952

STANDARD CERTIFICATE OF DEATH

State File No. 44068

BIRTH NO. _____		REG. DIST. NO. <u>382</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>117</u>		2			
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> <u>0550</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mount Vernon</u>					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> <u>0681</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>					d. STREET ADDRESS (If rural, give location) <u>600 S. Taylor</u> <u>1</u>						
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Melva</u>		b. (Middle) <u>Edna</u>		c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec.</u> <u>30</u> , <u>1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>10-21-18</u>		9. AGE (In years last birthday) <u>33</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Factory</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Herbert Davis</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Edna Comer</u>				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) <u>No.</u>				16. SOCIAL SECURITY NO. <u>499-09-3899</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann (Wilson) Peck,</u>				ADDRESS <u>Mount Vernon, Missouri</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 50 Mo.</u> ANTECEDENT CAUSES Morbidity 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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002-X</u>								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)			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 <u>5-9-</u> , <u>1950</u> , to <u>12-30-</u> , <u>1951</u> that I last saw the deceased alive on <u>12-30-</u> , <u>1951</u> , and that death occurred at <u>5:45 Am.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>C. A. Granger M.D. D</u>					23b. ADDRESS <u>Missouri State Sanatorium, Mt. Vernon, Mo.</u>			23c. DATE SIGNED <u>12-31-51</u>			
24a. BURIAL, CREMATION-REMOVAL (Specify)		24b. DATE <u>12-31-51</u>		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State) <u>California</u> <u>Mo</u>				
DATE REC'D BY LOCAL REG. <u>Jan 2, 1952</u>		REGISTRAR'S SIGNATURE <u>Cecil W. Granger</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Forrest</u>			ADDRESS <u>Mount Vernon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

May L. Forrester

Licensed Embalmer No. *4252*

P. O. Address *McVernon 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.