

FILED JAN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **42375**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **2007** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo b. COUNTY Butler	
b. CITY OR TOWN Poplar Bluff c. LENGTH OF STAY (in this place) 1 Day		c. CITY OR TOWN Silva	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hos.		d. STREET ADDRESS (If rural, give location) S	
3. NAME OF DECEASED (Type or Print) a. (First) Lydia b. (Middle) Jane c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) Dec. 27 48	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 4-1877
9. AGE (In years last birthday) 77		10. MONTH 1	11. DAY 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY L	11. BIRTHPLACE (State or foreign country) Wayne Co. Mo.
12. CITIZEN OF WHAT COUNTRY? AM.		13a. FATHER'S NAME Murphy White	
13b. MOTHER'S MAIDEN NAME Cassie White		14. NAME OF HUSBAND OR WIFE William C. Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME William C. Davis		ADDRESS Silva, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANCECEDENT CAUSES DUE TO (b) Arterio sclerosis DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 420	
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 12-27, 1948 to 12-27, 1948 , that I last saw the deceased alive on 12-27, 1948 , and that death occurred at 5:20 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. C. Davis M.D.		23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 1-13-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 27 1948	24c. NAME OF CEMETERY OR CREMATORY Mt. Pisga	24d. LOCATION (City, town, or county) (State) (Rural) Silva Mo.
DATE REC'D BY LOCAL REG. 1-17-49	REGISTRAR'S SIGNATURE Wm. C. Davis	25. FUNERAL DIRECTOR'S SIGNATURE William Cook ADDRESS Piedmont Mo.	

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

RECEIVED

District Health Office No.

District File Number 159-12

Date Filed 1-24-49

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 _____

Coder Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.