

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

8191

BIRTH NO. _____		REG. DIST. NO. <u>139</u>	PRIMARY REG. DIST. NO. <u>5539</u>	Registrar's No. <u>23</u>
1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fortescue</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fortescue,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Goldie</u> b. (Middle) <u>Maude</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 14, 1888</u>	9. AGE (In years last birthday) <u>61</u> <input type="checkbox"/> UNDER 1 YEAR <u>2</u> <input type="checkbox"/> UNDER 1 MONTH <u>17</u> <input type="checkbox"/> UNDER 1 HOUR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Rulo, Nebr.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>C.W. Jackson</u>		
13b. MOTHER'S MAIDEN NAME <u>Ida Jane Iden</u>		14. NAME OF HUSBAND OR WIFE <u>George Davis,</u>		
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.	17. INFORMANT'S SIGNATURE OR NAME <u>George Davis Bigelow</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of hemorrhage</u> ANTECEDENT CAUSES <u>arterio-sclerosis</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>14 hours</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>35</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) m.	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>3-31</u> , 19 <u>49</u> , to <u>3-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>49</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>F E Hogan Md</u>		23b. ADDRESS <u>Mound City</u>		23c. DATE SIGNED <u>4-2-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Mound City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-2-49</u>	REGISTRAR'S SIGNATURE <u>Jerry 1220</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Campbell, Mound City Mo</u> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 200  
10. 48

JUL 5 1949

JAN 4 1950

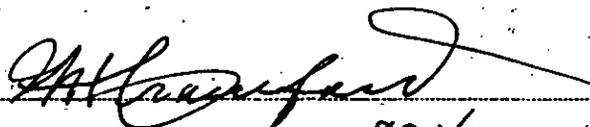
DISTRICT HEALTH OFFICE  
Cameron, Mo.

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



Licensed Embalmer No. 1824

P. O. Address Grand City, 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.