

No. 300
10-48

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9079

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 3

57 00
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL Hurricane</u>	c. LENGTH OF STAY (in this place) <u>1</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u> TOWN <u>Rural - Hurricane</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>5 MILE WEST OF ELSBERRY</u>		d. STREET ADDRESS (If rural, give location) <u>5 MILE WEST OF ELSBERRY</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MADISON</u> b. (Middle) <u>AUSTIN</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 18, 49</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>4-7-1877</u>	9. AGE (in years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>EPHRAIM DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA LUCKETT</u>		14. NAME OF HUSBAND OR WIFE <u>ANNIE ELIZ. (nee Colbreath)</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DAVE DAVIS ELSBERRY</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, asphyxia, 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) <u>CORONARY THROMBOSIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

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 9-1 1948, to 2-18 1949 that I last saw the deceased alive on 2-19 1949, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert M. Hull, D.O.</u>		23b. ADDRESS <u>ELSBERRY, MISSOURI</u>		23c. DATE SIGNED <u>2-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DAVIS CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>LINCOLN COUNTY MO.</u>					

DATE REC'D BY LOCAL REG. <u>2/23/49</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. A. Dwyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ELSBERRY</u>	
---	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

~~Date Recd~~
~~District File No.~~ 3-16-49
District Health Office No. 91
RECEIVED
MAY 5 1949

TRUST
5/5/49

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 _____

..... Student Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

Signed..... *Harold Ricks*

Licensed Embalmer No. 4012 ✓

P. O. Address *Edsberry, 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.