

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13231**

FILED APR 29 1949

BIRTH NO. _____ REG. DIST. NO. **246** PRIMARY REG. DIST. NO. **5835** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seneca Rt# 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seneca Rt# 2	
c. LENGTH OF STAY (In this place) 1		d. STREET ADDRESS (If rural, give location) Near Boy Scout Camp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Boy Scout Camp			

3. NAME OF DECEASED (Type or Print) Sarah			4. DATE OF DEATH April 18, 1949		
a. (First)	b. (Middle)		c. (Last) DAVIS		
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 19, 1875		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poncy, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Elijah Moore		13b. MOTHER'S MAIDEN NAME Flood		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clinton Davis Rt# 2 Seneca, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			
		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. Senile			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Apr 12, 1949 to Apr 18, 1949**, that I last saw the deceased alive on **Apr 18, 1949**, and that death occurred at **5:20 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) T. B. Quenler M.D.		23b. ADDRESS Seneca Mo		23c. DATE SIGNED 4-20-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 21, 1949		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	
				24d. LOCATION (City, town, or county) (State) Joplin, Missouri	

DATE REC'D BY LOCAL REG. 4-22-49		REGISTRAR'S SIGNATURE T. B. Quenler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Joplin, Mo.	
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(Licensed Embalmer - Placement on Reverse Side)

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

Duenler

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 _____

William E. Huddleston

Student Embalmer No. *324*

working under my personal supervision.

Signed

William E. Huddleston

Student Embalmer

Signed

Cecilia Shambell

Licensed Embalmer No. *3590*

P. O. Address

Joplin, 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.