

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15346**

DECEASED MAY 26 1949

27
3

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

BIRTH NO. _____		REG. DIST. NO. 82	PRIMARY REG. DIST. NO. 5308	Registrar's No. 60
1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COOPER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BLACKWATER (RURAL) Twp 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BLACKWATER (RURAL)		
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME - 1 MILE SOUTH		d. STREET ADDRESS (If rural, give location) 1 MILE SOUTH OF BLACKWATER		
3. NAME OF DECEASED (Type or Print) a. (First) LULA b. (Middle) GERTRUDE c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) MAY 7 - 1949	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 30 - 1885	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) COOPER COUNTY - MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JAMES T. JEFFRESS		13b. MOTHER'S MAIDEN NAME AMANDA BROWNFIELD	14. NAME OF HUSBAND OR WIFE JAMES W. DAVIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CURTIS DAVIS - BLACKWATER - 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		INTERVAL BETWEEN ONSET AND DEATH Jan 7, 1946 331X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none		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) (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 Jan 7, 1946 , to May 7, 1949 , that I last saw the deceased alive on May 3, 1949 , and that death occurred at 4:50 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. C. Beckett, M.D.		23b. ADDRESS Boonville, Mo.	23c. DATE SIGNED 5-9-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 10 - 1949	24c. NAME OF CEMETERY OR CREMATORY OLD LAMINE CEMETERY	24d. LOCATION (City, town, or county) (State) LAMINE - MISSOURI	
DATE REC'D BY LOCAL REG. May 10 - 49	REGISTRAR'S SIGNATURE D. Cooper	381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boonville - MO.	

MAY 16 REC'D

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 5-25-49

JUN 27 1949

MAY 16 1949

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

James W. Segner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.