

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30866

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BIRTH NO.		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 156	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>				d. STREET ADDRESS (If rural, give location) <u>209 East St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>Leone</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18 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>Jan. 16 1889</u>	
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years) (If UNDER 1 YEAR last birthday) Months <u>8</u> Days <u>2</u>	
11. BIRTHPLACE (State or foreign country) <u>Camden Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Thomas Howell</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Joe S. Davis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe S. Davis</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombophlebitis</u> 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>5 min</u> <u>2 weeks</u> <u>4 1/2 hr</u>	
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) (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 <u>8-4</u> , 19 <u>49</u> , to <u>9-18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-18</u> , 19 <u>49</u> , and that death occurred at <u>3: P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. C. Carrington, M.D.</u>				23b. ADDRESS <u>Lebanon Mo.</u>		23c. DATE SIGNED <u>9-21-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 21, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mrs. Bride Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-22-1949</u>		REGISTRAR'S SIGNATURE <u>Hella L. Day</u>		424 25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>		ADDRESS <u>Lebanon, Mo.</u>	

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

SEP 27 1949

Received -----

Laclede County Health Unit

File No. 9-49-139 -----

Date Filed SEP 27 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 Dorsey M. Howe -----

Licensed Embalmer No. 4222 -----

P. O. Address Lebanon, 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.