No. 300
10-48

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15524

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sweet Springs
c. LENGTH OF STAY (in this place): 65 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sweet Springs, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sweet Springs
d. STREET ADDRESS (If rural, give location): Highland Ave

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZA
b. (Middle): JANE
c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): Apr 10 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: October 22, 1857
9. AGE (In years last birthday): 92 — 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): Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: W. C. Lillard
13b. MOTHER'S MAIDEN NAME: Sarah J. Richmond
14. NAME OF HUSBAND OR WIFE: John M. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs. Anna Laird, Sweet Springs 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — ?
DUE TO (c) Infirmities of old age — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
443X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-13, 1950, *to* 4-10, 1950, *that I last saw the deceased alive on* 4-10, 1950, *and that death occurred at* 7:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph L. Jones (Degree or title) M.D.
23b. ADDRESS: Sweet Springs Mo.
23c. DATE SIGNED: 12 Apr 50.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-12-50
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Sweet Springs, Mo.

DATE REC'D BY LOCAL REG.: 4/12/50
REGISTRAR'S SIGNATURE: Dolly Andrews 293
25. FUNERAL DIRECTOR'S SIGNATURE: L. T. Parker
ADDRESS: Sweet Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 17
4-17-50
District Health Officer No. 8,
District File Number
Date Filed 4-29-50

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 L. T. Parker

Signed
Student Embalmer

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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.