

No. 300
10. 48

FILED MAY 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 15823

BIRTH NO. REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 4030 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Golden City		c. LENGTH OF STAY (in this place) 10 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) MARGARET	b. (Middle) ELIZABETH	c. (Last) DAVIS	4. DATE OF DEATH (Month) (Day) (Year) May 13, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 20, 1865	9. AGE (In years last birthday) 84	# UNDER 1 YEAR Months 6	YEAR 23	# UNDER 4 HRS. Hours	MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Skillen	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Benjiam Franklin Davis
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Davis, Golden City, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH several hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis chronic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4221	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from May 12, 1950, to May 13, 1950, that I last saw the deceased alive on May 13, 1950, and that death occurred at 7 p. m., from the causes and on the date stated above.

23a. SIGNATURE Rudolf Kuepp M.D.	(Degree or title)	23b. ADDRESS Golden City, Mo.	23c. DATE SIGNED 5-16-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 16, 1950	24c. NAME OF CEMETERY OR CREMATORY Maple Grove,	24d. LOCATION (City, town, or county) (State) Dade county Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE May 16, 1950 Hazel A. Pugh 15	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Phillips Funeral Home Golden City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 23 1950
District Office No. 6,
District File Number 550-601
Date Filed 5-24-50

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.

Student
Student Embalmer

Signed J. H. Pugh

Licensed Embalmer No. 327

P. O. Address Golden City, 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.