

FILED JUN 27 1950 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20824

State File No.

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No.

056

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

1. PLACE OF DEATH a. COUNTY Lewis			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Lewis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton Canton		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton		0560
d. FULL NAME OF HOSPITAL OR INSTITUTION At home			d. STREET ADDRESS (If rural, give location) 619 College St.		

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) MAY c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) June 22 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 July 19, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lincoln Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Elston		13b. MOTHER'S MAIDEN NAME Nancy Shields		14. NAME OF HUSBAND OR WIFE Chas. W. 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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ethel Stow, Canton, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 4 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart DUE TO (c) Sliver			10 yrs
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			443 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Nov. 2, 1914, to June 22, 1950, that I last saw the deceased alive on June 22, 1950, and that death occurred at 12:05 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. B. Dodson D.O.		23b. ADDRESS Canton, Mo.	23c. DATE SIGNED 6-23-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 25, 1950	24c. NAME OF CEMETERY OR CREMATORY Forest Grove	24d. LOCATION (City, town, or county) (State) Canton, Lewis, Missouri	
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DATE REC'D BY LOCAL REG. June 23 1950	REGISTRAR'S SIGNATURE P. J. Jensen	161	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul H. Harkley Canton, Mo.	
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RECEIVED JUN 26 1950
District Health Officer No. 10
District File Number 6-50-1030
Date Filed JUN 26 1950

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

Earl H. Barkley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.