

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20842
State File No.

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 304

0582

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (In this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		d. STREET ADDRESS (If rural, give location) <u>520 Smith St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>520 Smith St</u>			
3. NAME OF DECEASED a. (First) <u>ELIZABETH</u>		b. (Middle) _____	
c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June-10-1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb-14-1878</u>
9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR: Months <u>3</u> Days <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Linn Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>George F. Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Robinson</u>	
14. NAME OF HUSBAND OR WIFE <u>Wm. Davis</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank Dickerson</u>		ADDRESS <u>Bucklin Mo</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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis, probably</u>	
ANTECEDENT CAUSES <u>according to information from</u>		DUE TO (b) <u>Relative</u>	
Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Brookfield Linn Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jun 10-1950 2A</u>		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>Called</u> 19 <u>50</u> to <u>1950</u> that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>Mo.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Dale Bunch</u>		23b. ADDRESS <u>3. Cornu Marcelline</u>	
23c. DATE SIGNED <u>6/10/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June-12-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Boston Bern</u>		24d. LOCATION (City, town, or county) (State) <u>New Boston Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-13-50</u>		REGISTRAR'S SIGNATURE <u>J. B. Erwin</u>	
FURNAL DIRECTOR'S SIGNATURE <u>Hill Funeral Home</u>		ADDRESS <u>Brookfield Mo</u>	



SEP 13 1958

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. B. Blacklock.....

Licensed Embalmer No. 2246.....

P. O. Address Brookfield 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.