

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43377**

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **190**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Kansas COUNTY Bourbon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton Kans R.F.D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Cart Convalescent Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) J c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) Nov-28-1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-6-1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days IF OVER 1 YEAR 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 Home		11. BIRTHPLACE (State or foreign country) Crestline, Kansas	
13a. FATHER'S NAME Cornelius Loucks			13b. MOTHER'S MAIDEN NAME Julia Corey		14. NAME OF HUSBAND OR WIFE Edgar I. Davis

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 Edna Fanestil Emporia, Kans.	
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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 3 mo 4 years 4 1/2 5 1/2 mo July 19, 50
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage			8. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION		

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) 44 7x
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

22. I hereby certify that I attended the deceased from **Jan 1, 1949** to **Nov 28, 1950**, that I last saw the deceased alive on **Nov 27, 1950**, and that death occurred at **3:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm H. Allen M.D.	23b. ADDRESS Home no	23c. DATE SIGNED 1/19/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/28/50	24c. NAME OF CEMETERY OR CREMATORY Columbus, Kans.
24d. LOCATION (City, town, or county) (State) Columbus, Kans.		

DATE REC'D BY LOCAL REG. 11-30-50	REGISTRAR'S SIGNATURE Nathum H. Unice	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fort Scott, Kan.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

087
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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 11 1950

Dist. File 1250-2474

Date Filed 12-14-50

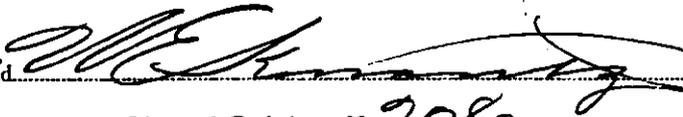
STATEMENT BY LICENSED EMBALMER

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



Signed
Student Embalmer

Licensed Embalmer No. 2080

P. O. Address Lock Box 283

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.

James Scott, Kansas
Earl's Memorial Home