

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

3436

State File No. ....

FILED FEB 14 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 29

5972

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

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHALL</u>		c. LENGTH OF STAY (in this place) <u>4 MO'S</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SWEET SPRINGS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FITSGIBBONS HOSP.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIAM</u> b. (Middle) <u>LUCRETIA</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB - 4 - 1951</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>FEB. 4, 1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days
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 <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>ST. CLAIR COUNTY, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>HENRY C. TERRIL</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY CARR</u>		14. NAME OF HUSBAND OR WIFE <u>ERLY DAVIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Erly Davis, Sweet Springs, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4200
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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>Nov</u> , 19 <u>50</u> , to <u>Feb 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 4</u> , 19 <u>51</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Jamin C. Reed M.D.</u> (Degree or title)			23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>2-6-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB-6-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PISCATAH CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SALINE COUNTY, MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb 6-1951</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. F. Tasker</u>	ADDRESS <u>Sweet Springs Mo</u>	

RECEIVED 2-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 2-13-51 .....

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 L. F. Parker .....

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.