

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3744

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 9

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>BATES</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u> | |
| b. CITY OR TOWN <u>RICH. HILL</u> c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <u>RICH HILL</u> 0070 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>805 E. WALNUT ST.</u> | | d. STREET ADDRESS (If rural, give location) <u>805 E. WALNUT ST.</u> | |

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) MOLOY c. (Last) DAVIS 4. DATE OF DEATH (Month) (Day) (Year) MARCH-6-1951

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH FEB-20-1874 9. AGE (In years last birthday) 76 10. Months 0 11. Days 14 12. CITIZEN OF WHAT COUNTRY? U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER 10b. KIND OF BUSINESS OR INDUSTRY GEN. DECORATING 11. BIRTHPLACE (State or foreign country) LABETTE COUNTY KANSAS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN A. DAVIS 13b. MOTHER'S MAIDEN NAME BARBRA MOLOY 14. NAME OF HUSBAND OR WIFE MARY DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Ellen Rich Hill ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Removal of Member
ANTECEDENT CAUSES _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. _____

18. INTERVAL BETWEEN ONSET AND DEATH 17 MDD

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from March 5, 1951, to March 6, 1951; that I last saw the deceased alive on March 5, 1951 and that death occurred at home, from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) Alice Ellen Rich Hill 23b. ADDRESS Rich Hill, Mo. 23c. DATE SIGNED March 7, 1951

24a. BURIAL (CREMATION) REMOVAL (Specify) BURIAL 24b. DATE MARCH-8-1951 24c. NAME OF CEMETERY OR CREMATORY MY OLIVE CEM. 24d. LOCATION (City, town, or county) (State) PITTSBURG KANSAS

DATE REC'D BY LOCAL REG. Mar. 8, 1951 REGISTRAR'S SIGNATURE Mrs. Edna Douglas 25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Service Rich Hill Mo. ADDRESS _____

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

0010

RECEIVED 3-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-12-51 _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Harold G. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4743

P. O. Address Butler, 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.