No. 300
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FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5374

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5763 Registrar's No. 7

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Philadelphia
c. LENGTH OF STAY (in this place): 4 Mon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Philadelphia Union Township
d. STREET ADDRESS (If rural, give location): 0640

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle):
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): 2-22 1951

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 2-8-1861
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 1 Days 14 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marion Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Albert Davis
13b. MOTHER'S MAIDEN NAME: Susan Rollins
14. NAME OF HUSBAND OR WIFE: never married

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.: no
17. INFORMANT'S SIGNATURE OR NAME 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, asthenia, 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: 40 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — unknown
DUE TO (c): 331 X

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 ☐ 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) m.
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* June 20, 1933, *to* Feb. 22, 1951; *that I last saw the deceased alive on* Feb 22, 1951, *and that death occurred at* 4:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr. C. E. Shuner (Degree or title): DO.
23b. ADDRESS: Philadelphia
23c. DATE SIGNED: 2-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-23-51
24c. NAME OF CEMETERY OR CREMATORY: Bethany Cemetery
24d. LOCATION (City, town, or county) (State): Marion Co. Missouri

DATE REC'D BY LOCAL REG.: 2/24/51
REGISTRAR'S SIGNATURE: C. E. McLuke By Viola Geel, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: B. M. Allen Philadelphia Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 28 1951
... ON CO. HEALTH DEPT.
DATE FILED MAR 2 1951

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 B M Allen

Signed ..... Student Embalmer

Licensed Embalmer No. 2437

P. O. Address Philadelphia M

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.