No. 300
10.48

FILED MAR 9 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7168

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 4472 Registrar's No. 11

970

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

1. PLACE OF DEATH
a. COUNTY: SALINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miami
c. LENGTH OF STAY (in this place):
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: MO.
b. COUNTY: SALINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miami
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FLORENCE
b. (Middle): IONA
c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): 3-1-51

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct. 30-1871
9. AGE (In years last birthday): 79 — If under 1 year: Months 4, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jacob BURNS
13b. MOTHER'S MAIDEN NAME: Ruth ANN GLEMNS
14. NAME OF HUSBAND OR ~~WIFE~~: John S DUNLAP DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Ruth S Tonner — ADDRESS: Miami, Mo

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: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic nephritis & Hypertension — 15 yrs
DUE TO (c) — 592 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage 15 yrs ago

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* Aug, 1937, *to* March 1, 1951, *that I last saw the deceased alive on* March 1, 1951, *and that death occurred at* 12:14 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard T. Nuckles DO.
23b. ADDRESS: Marshall, Mo
23c. DATE SIGNED: 3-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-3-51
24c. NAME OF CEMETERY OR CREMATORY: Miami Cemetery
24d. LOCATION (City, town, or county) (State): Miami Missouri

DATE REC'D BY LOCAL REG.: 3/5/51
REGISTRAR'S SIGNATURE: Mrs. Earl C. Metz
25. FUNERAL DIRECTOR'S SIGNATURE: Campbell-Lewis-Marshall-Mo. — ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-8-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 3-8-51

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 R W Campbell Jr.

Signed
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address Marshall M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.