

FILED MAR 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7460

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 5068		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY BARTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BARTON			
b. CITY (If outside corporate limits, write RURAL and give town RURAL- DOYLESPOINT		c. LENGTH OF OR (to this place) 51 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL- DOYLESPOINT		00 6A	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAMAR R3				d. STREET ADDRESS (If rural, give location) LAMAR R3			
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET HILDRA JANE DAVIS		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MAR 8 1951	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN 5 1888	
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR 2 Months		IF UNDER 1 YEAR 3 Days		IF UNDER 1 YEAR 0 Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) SILOAM SPRINGS, ARKANSAS /		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME FELIX SMITH		13b. MOTHER'S MAIDEN NAME MARGARET GLENN		14. NAME OF HUSBAND OR WIFE SHIRL W. 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. XXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ANDY DAVIS, LAMAR, MISSOURI			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c) Hypertensive Cardiovascular disease				INTERVAL BETWEEN ONSET AND DEATH 3 days years years 443X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Mar 11, 1950 to Mar 7, 1951 , that I last saw the deceased alive on Mar 7, 51 and that death occurred at 9:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) A. J. Cain				23b. ADDRESS 1200 Lamar, Mo.		23c. DATE SIGNED 3/10/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL (1)		24b. DATE MAR 10 1951		24c. NAME OF CEMETERY OR CREMATORY LAKE CEMETERY		24d. LOCATION (City, town, or county) (State) LAMAR, MISSOURI	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE KONANTZ FUNERAL HOME,		ADDRESS LAMAR, MO.	

(Licensed Embalmer) Statement on Reverse Side

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED MAR 12 1951

Dist. File 351-326

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 Frank W. Denton

Signed.....
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.