

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9792

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY ST FRANCIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEADWOOD		c. LENGTH OF STAY (In this place) 38 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEADWOOD		8940
d. FULL NAME OF HOSPITAL OR INSTITUTION LEADWOOD			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) REBECCA ANN DAVIS			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH MARCH 15, 1951			4. DATE OF DEATH	(Month)	(Day) (Year)
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 14, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 7 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JAMES HEDGECORTH		13b. MOTHER'S MAIDEN NAME CORDELLIA MELOCK	14. NAME OF HUSBAND OR WIFE WILLIAM T. DAVIS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIAM T. DAVIS LEADWOOD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease DUE TO (c) Bronchial asthma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 hours 4221
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) m.	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 Sept 1, 1947, to March 6, 1951, that I last saw the deceased alive on March 16, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.					
23a. SIGNATURE John W Hunt J.D.M.C.			23b. ADDRESS Leadwood Mo		23c. DATE SIGNED 3/16/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 18, 1951	24c. NAME OF CEMETERY OR CREMATORY LEADWOOD	24d. LOCATION (City, town, or county) LEADWOOD, MO (State)		
DATE REC'D BY LOCAL REG. Mar. 17, 1951	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Bert L. Boyer	ADDRESS Leadwood, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

940

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 26 1951

RECEIVED

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.