

FILED MAY 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12897

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 149

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE	
c. LENGTH OF STAY (In this place) 43 YEARS		d. STREET ADDRESS (If rural, give location) 9904 WINNER ROAD	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION REST HAVEN : 9904 WINNER ROAD			

3. NAME OF DECEASED (Type or Print) a. (First) EMILY b. (Middle) W. c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 23 1951			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 14 1865	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) GILROY CALIF		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME CHAS. ALBERT PAGE	13b. MOTHER'S MAIDEN NAME MARY JANE HODGSON	14. NAME OF HUSBAND OR WIFE ALROY C. DAVIS
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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. NONE	17. INFORMANT'S NAME AND ADDRESS C. A. DAVIS 9409 E. 16TH ST.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>
	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.		

19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from Jan. 1, 1935, to Apr. 23, 1951; that I last saw the deceased alive on Apr. 22, 1951, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. G. Graboke, M.D.</u>	23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>4/25/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR. 26 1951	24c. NAME OF CEMETERY OR CREMATORY: MOUND GROVE CEMETERY	24d. LOCATION (City, town, or county) (State) INDEPENDENCE JACKSON MO
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DATE REC'D BY LOCAL REG. APR. 25 1951	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS INDEPENDENCE MO,
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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.

Signed.....
Marion Neir
Student Embalmer No.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3156*

P. O. Address *Indep, 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.