

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23504

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5606 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D Jackson Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route #3, Holden, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>40yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route #3, Holden, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home, Route #3 Holden</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) <u>DELL</u>	b. (Middle) <u>FINA</u>	c. (Last) <u>DAVIS</u>	(Month) <u>July</u>	(Day) <u>11</u>	(Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 22, 1880</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 12 HRS. Days <u>19</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Elm Springs, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. E. Maness</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia J. Carlyle</u>	14. NAME OF HUSBAND OR WIFE <u>William M. Davis</u>
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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) <u>no</u> <u>xxxx</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William M. Davis, Holden, Missouri</u>	ADDRESS <u>Holden, Missouri</u>
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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>Acute Endocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u>		
	DUE TO (c) <u>Chronic Myocarditis</u>		
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 <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 11, 1949, to July 11, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 9:4 am., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. Holmberg</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Holden Mo</u>	23c. DATE SIGNED <u>7/12/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 14 '51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elm Springs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Elm Springs, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 12, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. L. V. Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday and Ropp</u>	ADDRESS <u>Holden, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0510
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RECEIVED
JUL 14 1951
JOHNSON COUNTY HEALTH DEPT.

APR 23 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.

Student
Student Embalmer

Signed M. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri.

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.