No. 300
10.48

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26664 / 07

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO 3021 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Grundy 0402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Trenton
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gullers Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brimson, Missouri 0400 0
d. STREET ADDRESS (If rural, give location) Brimson Post office.

3. NAME OF DECEASED (Type or Print)
a. (First) MAMIE
b. (Middle) ANNA
c. (Last) DAVIS

4. DATE OF DEATH (Month) Aug (Day) 11 (Year) 51

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH October 1883
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 10 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home MAKER
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Sampsel, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE Lewis 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. NONE
17. INFORMANT'S SIGNATURE OR NAME LEWIS DAVIS ADDRESS BRIMSON, 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) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lymphosarcoma — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis with infarcts — 1 year

19a. DATE OF OPERATION 8-10-51
19b. MAJOR FINDINGS OF OPERATION Lymphosarcoma of left thigh 2001
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* 9-16, 1950, *to* 8-11, 1951, *that I last saw the deceased alive on* 8-11, 1951, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE C. R. Clark, M.D. (Degree or title)
23b. ADDRESS Trenton, Mo.
23c. DATE SIGNED 8-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 14 1951
24c. NAME OF CEMETERY OR CREMATORY Willis Chapel Cemetery
24d. LOCATION (City, town, or county) (State) Route 1 Brimson, Mo

DATE REC'D BY LOCAL REG. Aug 14, 1951
REGISTRAR'S SIGNATURE Irene Fair
25. FUNERAL DIRECTOR'S SIGNATURE Davis-Blackmon ADDRESS Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Clark

MAY 7 1954

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 J. Gordon Blackmon

Signed.....
Student Embalmer

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.