

STANDARD CERTIFICATE OF DEATH

36119

State File No. \_\_\_\_\_

FILED OCT 17 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 4503 Registrar's No. 72

1. PLACE OF DEATH

a. COUNTY Stoddard

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie

c. LENGTH OF STAY (in this place) Life

d. FULL NAME OF HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Stoddard

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie

d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print)

a. (First) ISABELLE b. (Middle) \_\_\_\_\_ c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) October 7 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 28, 1889 9. AGE (In years last birthday) 61 10 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, overall 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 E. G. Williams 13b. MOTHER'S MAIDEN NAME Amy Wiggs 14. NAME OF HUSBAND OR WIFE Cleve 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. none

17. INFORMANT'S SIGNATURE OR NAME Cleve Davis ADDRESS Bernie, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CANCER OF THE INTESTINES

INTERVAL BETWEEN ONSET AND DEATH 10 YEARS

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 \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SURCHIDE 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) 153X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 7-20, 1943, to 10-7, 1951, that I last saw the deceased alive on 10-7, 1951, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE F.O. Kelley, D.O. (Degree or title) 23b. ADDRESS Box 157, Bernie Missouri 23c. DATE SIGNED 10-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 8, 1951 24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery 24d. LOCATION (City, town, or county) (State) Bernie, Missouri

DATE REC'D BY LOCAL REG. 10-12-51 REGISTRAR'S SIGNATURE Velma J. Jenkins 409 25. FUNERAL DIRECTOR'S SIGNATURE Handess Funeral Home ADDRESS Campbell, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 16 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....  
Student Embalmer

Signed *Christina M. Lundess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, S*

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.