S. No. 300
V. 10.48

551
1

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

FILED DEC 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37970

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY: LAWRENCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AURORA
c. LENGTH OF STAY (In this place): 3
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 19 W. PLEASANT ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAWRENCE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AURORA 0551
d. STREET ADDRESS (If rural, give location): 19 W. PLEASANT ST. 6

3. NAME OF DECEASED (Type or Print)
a. (First): Hattie
b. (Middle):
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): NOV. 16 1951

5. SEX: 1 FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: FEB. 23, 1857
9. AGE (In years last birthday): 95 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): KENTUCKY 1
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: MR. DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS LADY COFER — ADDRESS: AURORA, 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) Fracture of Neck of Rt. Femur — INTERVAL BETWEEN ONSET AND DEATH: wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senility — 9.5 yrs.
DUE TO (c) E9030

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 20

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 055
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.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Aurora, Lawrence, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-5-51 9 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fall on floor

22. *I hereby certify that I attended the deceased from* 11-6, 1951, *to* 11-16, 1951, *that I last saw the deceased alive on* 11-16, 1951, *and that death occurred at* 4 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Cowan (Degree or title): M.D.
23b. ADDRESS: Aurora, Mo
23c. DATE SIGNED: 11-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-18-51
24c. NAME OF CEMETERY OR CREMATORY: MAPLE PARK
24d. LOCATION (City, town, or county) (State): AURORA, MO

DATE REC'D BY LOCAL REG.: 11-18-51
REGISTRAR'S SIGNATURE: Ora McNatt
25. FUNERAL DIRECTOR'S SIGNATURE: Wm. Wood — **ADDRESS**: AURORA, MO.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED NOV 29 1951
Dist. File 1951-2092
Date Filed 11-29-51

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 James D. Crafton

Licensed Embalmer No. 4668

P. O. Address Aurora, Mo.

Signed _____
Student Embalmer

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.