

FILED FEB 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3713

BIRTH NO.		REG. DIST. NO. 306		PRIMARY REG. DIST. NO. 6206		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural JACKSON		c. LENGTH OF STAY (in this place) 2 WKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem 0331			
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Oscar, Missouri				d. STREET ADDRESS (If rural, give location) Pershing Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Leora		c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) 1/16/52
5. SEX / F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7/13/1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Huston Agee			13b. MOTHER'S MAIDEN NAME no record		14. NAME OF HUSBAND OR WIFE John Thomas 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 ADDRESS Earnest Davis, Salem, Missouri			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident (Severe)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Arteriosclerosis DUE TO (c) Degenerative Decompensated Heart II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia				INTERVAL BETWEEN ONSET AND DEATH (Severe)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 15, 1952, to Jan 14, 1952, that I last saw the deceased alive on Jan 14, 1952, and that death occurred at 1:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Burns, MD				23b. ADDRESS Houston, Mo		23c. DATE SIGNED 1/16/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/19/52		24c. NAME OF CEMETERY OR CREMATORY Ashley Cemetery		24d. LOCATION (City, town, or county) (State) Texas County, Missouri	
DATE REC'D BY LOCAL REG. Jan. 31-52		REGISTRAR'S SIGNATURE Myrtle Craig 327		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl K. Spencer Salem, Missouri			

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.