

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8177

FILED APR 10 1952

BIRTH NO. REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 39

451
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY OR TOWN Fayette Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette	
c. LENGTH OF STAY (in this place) 25 yrs		d. STREET ADDRESS (If rural, give location) 301 E. Davis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 301 E. Davis			

3. NAME OF DECEASED (Type or Print) Minnie Davis			4. DATE OF DEATH (Month) (Day) (Year) Mar. 28, 1952		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2/12/1881		9. AGE (in years last birthday) 71		IF UNDER 1 YEAR Months 1 Days 16		IF UNDER 24 HRS. Hours Mins. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work			10b. KIND OF BUSINESS OR INDUSTRY -----			11. BIRTHPLACE (State or foreign country) Howard Coutny Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Pate Bly			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE John Davis		
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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) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Dave Alvis ADDRESS 313 E. Elm Fayette Mo.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic pumprene both feet						INTERVAL BETWEEN ONSET AND DEATH Unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized						unknown	
		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 4501						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **March 28, 1952**, to **March 28, 1952**, that I last saw the deceased alive on **March 28, 1952**, and that death occurred at **1:00 p.m.** from the causes and on the date stated above.

23a. SIGNATURE Daniel D. Dean (Degree or title) M.D.		23b. ADDRESS Fayette Mo.		23c. DATE SIGNED 4-7-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/31/52		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Fayette, Missouri	
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DATE REC'D BY LOCAL REG. 4-7-52		REGISTRAR'S SIGNATURE Mary K. Sheld		25. FEDERAL DIRECTOR'S SIGNATURE Ralph D. Carr ADDRESS Fayette, Mo.	
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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~~ _____

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working under my personal supervision.

Student Embalmer No.

Signed Ralph A. Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.