

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

12395

State File No. _____

0240
 APR 21 1952

REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 4128 Registrar's No. 39

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Clay</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Clay</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Missouri City</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Missouri City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Missouri City</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">Missouri City</p>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> b. (Middle) <u>Lena</u> c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 8 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 1 1867</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Days <u>7</u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Pike Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13. FATHER'S NAME <u>Johnathon Morris</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Clifton Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Davis</u>		ADDRESS <u>Missouri City, Mo.</u>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>	
		DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Influenza</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u> <u>10 days</u>	
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) (Min.)		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 <u>Oct, 1949</u> , to <u>10-7, 1952</u> , that I last saw the deceased alive on <u>10-7, 1952</u> and that death occurred at <u>11:30 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Clude M. Smith</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Liberty Mo.</u>	
23c. DATE SIGNED <u>3-10-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 10 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Missouri City</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/10/1952</u>		REGISTRAR'S SIGNATURE <u>Beroline Hulting</u> <u>62</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Phoenia Green Co.</u>		ADDRESS <u>Liberty Mo</u>	

STATEMENT BY LICENSED EMBALMER

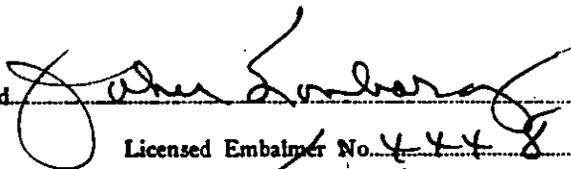
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4448

P. O. Address Liberty 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.