

STANDARD CERTIFICATE OF DEATH

State File No. **28894**

BIRTH NO. _____ **REG. DIST. NO.** 250 **PRIMARY REG. DIST. NO.** 4375 **Registrar's No.** 12

1. PLACE OF DEATH
 a. COUNTY **Nodaway**
 b. CITY (If outside corporate limits, write RURAL and give town or township) **Conception Jct** c. LENGTH OF STAY (in this place) **11 yrs**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Conception Jct.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Mo.** b. COUNTY **Nodaway**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Conception Jct.**
 d. STREET ADDRESS (If rural, give location) **11**

3. NAME OF DECEASED
 a. (First) **Mrs. Ora** b. (Middle) **Mae** c. (Last) **Davis**

4. DATE OF DEATH (Month) (Day) (Year)
Aug 25 1952

5. SEX **female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **married**

8. DATE OF BIRTH **Nov 13 1891** **9. AGE (In years last birthday)** **60**
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 11 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 **at home**

11. BIRTHPLACE (State or foreign country) **Conception, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U. S. A.**

13a. FATHER'S NAME **Howard C. Weathermon** **13b. MOTHER'S MAIDEN NAME** **Ida McMaiken** **14. NAME OF HUSBAND OR WIFE** **James 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.** **91-28-1291** **17. INFORMANT'S SIGNATURE OR NAME** **Mr. James Davis** **ADDRESS** **Conception Jct Mo**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Labor Pneumonia**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Acute myocarditis**
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **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.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** **490X**

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 Aug 3, 1952 **to** Aug 23, 1952 **, that I last saw the deceased alive on** Aug 24, 1952 **and that death occurred at** 4 15 p.m. **, from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) **Dr. J. G. Gentry D.O.** **23b. ADDRESS** **Manlyville, Mo.** **23c. DATE SIGNED** **8/26/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **24b. DATE** **24c. NAME OF CEMETERY OR CREMATORY** **24d. LOCATION (City, town, or county) (State)**
burial **8/28/52** **Weathermon** **Guilford Nodaway Mo.**

DATE REC'D BY LOCAL REG. **REGISTRAR'S SIGNATURE** **25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**
Aug 26-52 **Mrs. Eva Crenshaw** **Leroy G. Phillips** **Stonewy**

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

14V

1951-22100

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 Leroy H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stouffer, M.

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.