

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. J. WILLIAMS  
State File No. 42047

ED JAN 5 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1152-B</u>	
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (In this place) <b>23 YRS.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		0396 n	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCY INF.</b>				d. STREET ADDRESS (If rural, give location) <b>1075 S. WEAVER</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LENA</b>		b. (Middle) <b>DAVIS</b>		c. (Last) <b>THOMAS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 24, 1952</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>JULY 6 1870</b>		9. AGE (In years last birthday) <b>82</b>	10. IF UNDER 1 YEAR Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ELMO, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>ROSS DAVIS</b>			13b. MOTHER'S MAIDEN NAME <b>MARGARET J. RUSSELL</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. EVA DeCOSS, SPRINGFIELD, MO</b>			
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) <u><i>Arterio-sclerosis - generalized</i></u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u><i>Chronic Valvular Heart Disease</i></u> <b>1 year.</b>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>4214</b>			
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 <u><i>Dec 5, 1952</i></u> , to <u><i>Dec 24, 1952</i></u> , that I last saw the deceased alive on <u><i>Dec 23, 1952</i></u> , and that death occurred at <u><i>3 A. M.</i></u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u><i>J. Williams, Jr., M.D.</i></u>			23b. ADDRESS <u><i>Springfield Mo</i></u>		23c. DATE SIGNED <u><i>12-26-52</i></u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12/26/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HAZELWOOD</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>		
DATE REC'D BY LOCAL REG. <b>12-29-52</b>		REGISTRAR'S SIGNATURE <u><i>Ernest Williamson Registrar</i></u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.H. LOHMEYER SPRINGFIELD, MO.</b>			

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

APR 27 1954

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 Bene Schuyler

Licensed Embalmer No. 4784

P. O. Address Spfel, 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.