

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43099**

FILED JAN 7 - 1953

Registrar's No. **154**

BIRTH NO. ---		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 4424		Registrar's No. 154		
1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Polk				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville		c. LENGTH OF STAY (in this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville		0840		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) L. c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) 12/27/52					
5. SEX Fe		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 3/17/1867		
9. AGE (in years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Winchester, Ill.		
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME William Hale		13b. MOTHER'S MAIDEN NAME Elmina Unknown		14. NAME OF HUSBAND OR WIFE Edward Davis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *		16. SOCIAL SECURITY NO. *		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Giles Hammons R1 Dunnegan, 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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 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.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X					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)				
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 12-27 , 1952, to 12-27 , 1952, that I last saw the deceased alive on 12-27 , 1952, and that death occurred at 6:45P m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) D. E. J. Brown				23b. ADDRESS Mo		23c. DATE SIGNED 12-29-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/29/52		24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery		24d. LOCATION (City, town, or county) (State) Humansville, Mo.		
DATE REC'D BY LOCAL REG. Dec 30, 1952		REGISTRAR'S SIGNATURE Ralph Gorden		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beckwith Funeral Home Humansville				

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

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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville 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.