

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1953

No. 300  
10.48

FILED FEB 9 1953

State File No. \_\_\_\_\_  
Registrar's No. 6

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5759</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Spring Creek</u>		c. LENGTH OF STAY (in this place) <u>50 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Spring Creek</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3, Rolla 0630</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 3, Rolla</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1953</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>DAVIS</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan. 20, 1870</u>		9. AGE (in years last birthday) <u>83</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>xx</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marion County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Palmer</u>		13. NAME OF HUSBAND OR WIFE <u>Grant 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>xx</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Davis, Rt. 3, Rolla Mo.</u>	
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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock &amp; hemorrhage from rupture of</u> ANTECEDENT CAUSES <u>Sacch. Diab.</u> DUE TO (b) <u>Sacch. Diab.</u> DUE TO (c) <u>Chronic cholelithiasis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Squid degeneration and chronic Cardiovascular</u>				INTERVAL BETWEEN ONSET AND DEATH <u>27 hours</u> <u>20 years</u> <u>20 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>585x</u>		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)		21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from <u>1947</u> , to <u>2-2-1953</u> , that I last saw the deceased alive on <u>2/1/53</u> , 19 <u>53</u> , and that death occurred at <u>1:07A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. T. ...</u>		23b. ADDRESS <u>Rolla Mo</u>		23c. DATE SIGNED <u>2/2/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Horse Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marion County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-6-53</u>	REGISTRAR'S SIGNATURE <u>P. Howard 1980</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>By: S. V. ...</u>		ADDRESS <u>Rolla Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

630

**STATEMENT BY LICENSED EMBALMER**

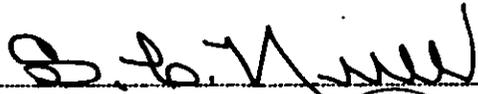
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 3397

P. O. Address Raven 440

**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.