

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13994

State File No. 14

FILED MAY 5 1953

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs	c. LENGTH OF STAY (in this place) 4 Months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 0460	

3. NAME OF DECEASED (Type or Print)	a. (First) Margaret	b. (Middle) Adeline	c. (Last) DAVIS	4. DATE OF DEATH (Month) (Day) (Year) April 30, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4, 1877	9. AGE (In years last birthday) 76	10 UNDER 1 YEAR 9 Months 26 Days	10 UNDER 28 Hrs. 28 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Freemont, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James K. Polk	13b. MOTHER'S MAIDEN NAME Dade Carter	14. NAME OF HUSBAND OR WIFE
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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 Doc Hicks	ADDRESS Willow Springs, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensation, Myocardial, Aortic, 6 days		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) Malnutrition, Progressive 6 months		
	DUE TO (c) 2865		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Hypertension, Essential, Severe Chronic	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **October 1, 1952**, to **April 30, 1953**, that I last saw the deceased alive on **4/30/53**, 19**53**, and that death occurred at **7PM** m., from the causes and on the date stated above.

23a. SIGNATURE M.B. Perkins (Degree or title) MD	23b. ADDRESS Willow Springs, Mo.	23c. DATE SIGNED 5/1/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/30/53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Doniphan, Mo.
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DATE REC'D BY LOCAL REG. May 2 1953	REGISTRAR'S SIGNATURE Marshall Baker	25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home	ADDRESS Willow Spgs., Mo.
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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.

Fred W. Barnes
Fred W. Barnes

Signed _____

Student
Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.