

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27925**

FILED AUG 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **277**

1. PLACE OF DEATH a. COUNTY <b>Calloway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fulton</b>	c. LENGTH OF STAY (In this place) <b>3-5-26</b>	c. CITY OR TOWN <b>Hannover City</b>	Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospit no 1</b>		e. STREET ADDRESS (If rural, give location) <b>3008</b>	

3. NAME OF DECEASED (Type or Print) <b>IRENE</b>			a. (First)	b. (Middle)	c. (Last) <b>DAVIS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 16 1953</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>12-25-1900</b>			9. AGE (In years last birthday) <b>52</b>	10. MONTH <b>7</b>	11. DAY <b>27</b>	12. IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>DK</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Ray Thomas</b>		13b. MOTHER'S MAIDEN NAME <b>Della Green</b>		14. NAME OF HUSBAND OR WIFE <b>DK</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>mo</b>		16. SOCIAL SECURITY NO. <b>DK</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Reverend State Hospit No 1</b>		ADDRESS <b>Fulton Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, ashtenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>C.A. Liver</b>				<b>DK</b>	
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
				<b>1561</b>	

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) (Min.)		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 **Aug 16 1953**, to **Aug 16 1953**, that I last saw the deceased alive on **Aug 15 1953**, and that death occurred at **4:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. C. Nepler Jr. D. M.D.</b>		23b. ADDRESS <b>Fulton Mo</b>		23c. DATE SIGNED <b>8/16/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-19-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>State Hosp.</b>	
DATE REC'D BY LOCAL REG. <b>Aug 19 1953</b>		REGISTRAR'S SIGNATURE <b>Maretta Lawrence</b>		24d. LOCATION (City, town, or county) (State) <b>Fulton, Mo.</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>G. C. Weeks</b>		ADDRESS <b>Fulton, Mo</b>	

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.