

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42458**

FILED JAN 12 1954

BIRTH NO.		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>444</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY DeKalb				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home In town				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Carrie		b. (Middle) Alice		c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) 12-21-53	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH I-18-1875	
9. AGE (In years last birthday) 77		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Jasper Bedwell		13b. MOTHER'S MAIDEN NAME Rebecca Davis		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XXXXXXXX		17. INFORMANT'S SIGNATURE OR NAME Ted Arnold ADDRESS Clarksdale			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease		ANTECEDENT CAUSES DUE TO (b) Cerebral thrombosis				8-10 yrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				2 weeks	
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 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 <u>June</u> , 19 <u>57</u> , to <u>Dec</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Nov 15</u> , 19 <u>53</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE W.A. Sweiger		(Degree or title) M.D.		23b. ADDRESS Wayville, Mo.		23c. DATE SIGNED 12-31-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-23-53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. 1-6-54		REGISTRAR'S SIGNATURE Carrie Davidson		25. FUNERAL DIRECTOR'S SIGNATURE John S. ...		ADDRESS Wayville Mo	

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

JAN 22 1968

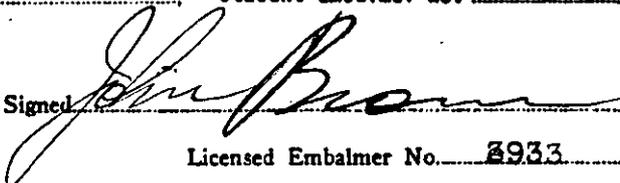
STATEMENT BY LICENSED EMBALMER

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. 2933

P. O. Address Mayaville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with or revocation of license.)

need fact should be so stated above.