

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1954 REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5387 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural-Osage	c. LENGTH OF STAY (In this place) 55 Yr s	c. CITY OR TOWN Boss	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) Highway 32 near Boss 0330	

3. NAME OF DECEASED (Type or Print) a. (First) Nettie	b. (Middle) M	c. (Last) Davis	4. DATE OF DEATH (Month) (Day) (Year) Jan 18 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 25/86	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	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 X	11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Joe Brooks	13b. MOTHER'S MAIDEN NAME Elizabeth Brakefield	14. NAME OF HUSBAND OR WIFE Richard Davis
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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) Nox X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Richard Davis	ADDRESS Boss 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning	Ch. Glomerulonephritis		5 weeks
ANTECEDENT CAUSES	DUE TO (b)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS	Cardio-vascular-renal disease with hypertension		
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 592X	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)	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 8 - 29 - 53, 19\_\_\_, to Jan 18, 1954, that I last saw the deceased alive on Jan. 18, 1954, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE Joseph R. Burnett	23b. ADDRESS Salem, Mo	23c. DATE SIGNED 1/18/54
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24a. BURIAL OR CREMATION (Specify) Burial	24b. DATE 19 1/20/54	24c. NAME OF CEMETERY OR CREMATORY Boss Cem	24d. LOCATION (City, town, or county) (State) Boss Mo
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DATE REC'D BY LOCAL REG. 1-19-54	REGISTRAR'S SIGNATURE M. D. Hart	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 *Carl H. Spence*

Licensed Embalmer No. *23*

P. O. Address *Salina*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.**