

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4625**

FILED MAR 1 1954

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **26**

0410

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

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, write RURAL and give township) Bethany		c. LENGTH OF STAY (In this place) 6 days	c. CITY (If outside corporate limits, write RURAL and give township) Cainsville		d. STREET ADDRESS (If rural, give location) 0410
d. FULL NAME OF HOSPITAL OR INSTITUTION Reid Hospital			d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) Effie		b. (Middle) Adell	c. (Last) Davis	4. DATE OF DEATH (Month) (Day) (Year) February 20 1954.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 16 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Harrison County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Elijah D Willis		13b. MOTHER'S MAIDEN NAME Frances Hagan	14. NAME OF HUSBAND OR WIFE Guy E. Davis (Deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Davis Springfield Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Surgical Shock.			DUE TO (c)		18 hrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 584X					
19a. DATE OF OPERATION 2-19-54	19b. MAJOR FINDINGS OF OPERATION Calcified Gall Bladder, Liver Atrophy				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 2-20 , 19 53 to 2-20 , 19 54 that I last saw the deceased alive on 2-20 , 19 54 and that death occurred at 5:00A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) William H. Thayer, D. O.		23b. ADDRESS Bethany, Missouri.		23c. DATE SIGNED 2/22/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 22, 1954	24c. NAME OF CEMETERY OR CREMATORY Hamilton Cemetery	24d. LOCATION (City, town, or county) (State) Plesanton, Iowa.		
DATE REC'D BY LOCAL REG. 2-26-54	REGISTRAR'S SIGNATURE Zola Burris		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Cainsville, Mo.	

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 _____

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.