

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **5780**

BIRTH NO. **FILED MAR 9 1954** REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **4447** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Henrietta		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Henrietta	
c. LENGTH OF STAY (in this place) None		d. STREET ADDRESS (If rural, give location) No Street Address	
d. FULL NAME OF HOSPITAL OR INSTITUTION No Street Address		e. FULL NAME OF HOSPITAL OR INSTITUTION No Street Address	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) B. c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) February 18, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 13, 1875		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR: Months 9 Days 5	
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 (City and State or Foreign Country) Scranton, Penn.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Gillgalon		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE John A. Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John A. Davis, Henrietta, 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, asthma, 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) Congestive Heart Failure				4 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				5 days	
		DUE TO (b) Hypertension					
		DUE TO (c) Atherosclerosis ?					
		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 about 3 1/2 years **to** Feb 18, 1954, **that I last saw the deceased alive on** Feb 18, 1954, **and that death occurred at** 12:17 P.M., **from the causes and on the date stated above.**

23a. SIGNATURE <i>[Signature]</i> (Degree or title) MD.		23b. ADDRESS Lexington Mo.		23c. DATE SIGNED 2/19/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE February 22, 1954		24c. NAME OF CEMETERY OR CREMATORY Machpelah	
24d. LOCATION (City, town, or county) (State) Lexington Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS			
DATE REC'D BY LOCAL REG. Mar 1-1954		REGISTRAR'S SIGNATURE <i>[Signature]</i> 273		26. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

0590

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

Payne

2/22/1

1983

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

[Handwritten Signature]

Licensed Embalmer No.

1983

P. O. Address

[Handwritten 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 this body is not embalmed, fact should be so stated above.