

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <b>Lawrence County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Aurora</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marionville</b>	
c. LENGTH OF STAY (In this place) <b>6 months</b>		d. STREET ADDRESS (If rural, give location) <b>0550</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Tettenhorst Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b> b. (Middle) <b>Cray</b> c. (Last) <b>Davis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 17, 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>Feb. 2, 1880</b>		9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR: Months <b>5</b> Days <b>15</b> IF UNDER 1 MIN. 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 _____		11. BIRTHPLACE (State or foreign country) <b>Elk County, Ohio</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>Edgar Blackburn</b>		13b. MOTHER'S MAIDEN NAME <b>Kathryn Bennett</b>		14. NAME OF HUSBAND OR WIFE <b>Not Known</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. H. M. Surrige</b> ADDRESS <b>Marionville, Mo.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b> (b) <b>Hypertensive - arteriosclerosis</b> (c) <b>Heart Disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>years</b> <b>7-8</b>			
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"/>	
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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) <b>4343</b>	
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 July 15, 1954 to July 17, 1954 that I last saw the deceased alive on July 15, 1954, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Aurora, Mo.</b>		23c. DATE SIGNED <b>7-19-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/19/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marionville, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>7/19/54</b>		REGISTRAR'S SIGNATURE <b>Ora M. Matt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Marionville, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0550  
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**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 Herman Furridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.