

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

23763

State File No. _____

FILED AUG 2 - 1954

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

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4346</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY OR TOWN <u>Montgomery City</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>		c. CITY OR TOWN <u>Montgomery City</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lisette</u>			b. (Middle) <u>Anna Marie</u>			c. (Last) <u>Davis</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1954</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 6, 1880</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Holstein, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Fredrick W. Schnider</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Koch</u>		14. NAME OF HUSBAND OR WIFE <u>William Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Melba Davis</u> ADDRESS <u>Montgomery, Mo.</u>			
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) <u>Cerebral Hemorrhage - left</u>		DUPLICATE OF (b) <u>Generalized Arteriosclerosis</u>				<u>7-20-54</u>	
DUPLICATE OF (c) <u>Right Hemiplegia</u>		DUPLICATE OF (d) <u>Chronic Nephritis & Myocarditis</u>				<u>1944</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)						<u>1944</u>	
19a. DATE OF OPERATION <u>no</u>		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>3-25, 1944</u> , to <u>7-20, 1954</u> , that I last saw the deceased alive on <u>7-21, 1954</u> , and that death occurred at <u>5:50</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. J. T. Andersen, M.D.</u> (Degree or title)		23b. ADDRESS <u>Montgomery City, Mo.</u>		23c. DATE SIGNED <u>7/23/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 23-</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Big Springs Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-23-54</u>		REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>		500-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edmond Paul American</u> ADDRESS _____	

(Licensed Embalmers' Statement on Reverse Side)

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

D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, Missouri

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.