

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32800

FILED OCT 5 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 4503 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BERNIE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BERNIE</u>	
c. LENGTH OF STAY (In this place)		1230	
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>JANE</u>	b. (Middle) <u>PRICEKKA</u>	c. (Last) <u>DAVIS</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>9 29 54</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1-14-1980</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR: Months <u>5</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homework</u>	11. BIRTHPLACE (State or foreign country) <u>IND</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Swift</u>	13b. MOTHER'S MAIDEN NAME <u>E. OWENS</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>SAM DAVIS</u>	ADDRESS <u>BERNIE</u>
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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, ashenia, 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) <u>Chronic Myocarditis and Myocardial Degeneration</u>			<u>Unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		<u>Unknown</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 Aug 11, 1954, to Sept 27, 1954, that I last saw the deceased alive on Sept 27, 1954, and that death occurred at 11:03P m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. O. Kelly DOY</u>	(Degree or title)	23b. ADDRESS <u>Bernie, Mo.</u>	23c. DATE SIGNED <u>9-29-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-30-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Haggie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter 214</u>
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DATE REC'D BY LOCAL REG. <u>10-1-54</u>	REGISTRAR'S SIGNATURE <u>Velma V. Jenkins</u>	409	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Tucker</u>	ADDRESS <u>Bernie</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1954

JUL 5

SEP 28 1955

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 *J. S. Shuman*

Licensed Embalmer No. *4086*

P. O. Address *Malden*

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.