

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34944**

FILED NOV 15 1954

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3057** Registrar's No. **249**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY OR TOWN Moberly		c. CITY OR TOWN Moberly 0980	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. STREET ADDRESS (If rural, give location) 312 1/2 So Williams	

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) Davin	c. (Last) Davin	4. DATE OF DEATH (Month) (Day) (Year) Nov. 3rd 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec 8th 1875	9. AGE (In years) (last birthday) 78	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 25	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) N.J.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Thomas P Davin	13b. MOTHER'S MAIDEN NAME Catherine Nash	14. NAME OF HUSBAND OR WIFE ✓
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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. ✓	17. INFORMANT'S SIGNATURE OR NAME Miss. Anna Davin	ADDRESS Moberly, Mo
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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, asphyxia, 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) Subaracnoid hemorrhage		3 hrs
	ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) TRAUMATIC INJURIES DUE TO (c) E8124 2:5		3 hrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NIGHTMAN & WILLIAMS	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moberly 127 Randolph Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NOV. 3 1954 7:PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by Automobile
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Becky J. Jolley, M.D.	(Degree or title) 3	23b. ADDRESS Moberly, Randolph Co Mo	23c. DATE SIGNED 11/4/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-5-54	24c. NAME OF CEMETERY OR CREMATORY St Mary's	24d. LOCATION (City, town, or county) (State) Moberly, Mo
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DATE REC'D BY LOCAL REG. 11-5-54	REGISTRAR'S SIGNATURE Lea... 269	25. FUNERAL DIRECTOR'S SIGNATURE Mahaw and Son	ADDRESS Moberly, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Mobile, 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.