

FILED DEC 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41615**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **5675** Registrar's No. **38**

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

1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>	
b. CITY OR TOWN <b>Rural-Hurricane</b>		c. CITY OR TOWN <b>Rural-Hurricane</b> <b>0570</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>5 mile N.W. of Elsberry</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 Miles N.W. of Elsberry</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ADA</b> b. (Middle) <b>BELLE</b> c. (Last) <b>DAVIS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 10, 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>APRIL 3, 1869</b>		9. AGE (In years last birthday) <b>85</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		

13a. FATHER'S NAME <b>William Brown</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH SCHUCK</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph W. DAVIS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>SADIE ROSS - Elsberry, Mo.</b>	

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) <b>Arteriosclerotic Heart Disease</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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>4200</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?	

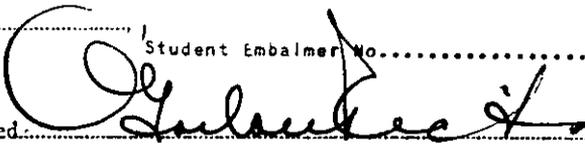
22. I hereby certify that I attended the deceased from **Nov. 4**, 1954, to **Nov 10**, 1954, that I last saw the deceased alive on **Nov 10**, 1954 and that death occurred at **10:43 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert M. Hull D.O.</b>		23b. ADDRESS <b>Elsberry Mo</b>		23c. DATE SIGNED <b>11-12-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11-12-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK RIDGE</b>	
24d. LOCATION (City, town, or county) (State) <b>ELSBERRY, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Elsberry, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>12/27/54</b>		REGISTRAR'S SIGNATURE <b>Mrs Clarence Kinty</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Elsberry, Mo.</b>	

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

working under my personal supervision.

Signed:  Student Embalmer No. ....

Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.