

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 10 1955

BIRTH NO. _____ REG. DIST. NO. 95 PRIMARY REG. DIST. NO. 4308 Registrar's No. 1-55

1. PLACE OF DEATH
a. COUNTY McDonald

b. CITY OR TOWN Noel

c. LENGTH OF STAY (in this place) 6MO.

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Arkansas
b. COUNTY Boone

c. CITY OR TOWN Everton 8030

d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED
a. (First) Remmelia
b. (Middle) Arrenan
c. (Last) Young

4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 31, 1878

9. AGE (in years last birthday) 82

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William A. Davis

13b. MOTHER'S MAIDEN NAME Sarah Turney

14. NAME OF HUSBAND OR WIFE George W. Davis-Deceased

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. none

17. INFORMANT'S SIGNATURE OR NAME Chlorea Moore ADDRESS Noel, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Atherosclerosis

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.

INTERVAL BETWEEN ONSET AND DEATH 4 days
10 yrs

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION, _____

20. AUTOPSY? YES 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) 331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan, 1954, to Dec 28, 1954, that I last saw the deceased alive on Dec 27, 1954, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) R. Mountain

23b. ADDRESS Noel, Mo.

23c. DATE SIGNED Dec 29

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/29/54

24c. NAME OF CEMETERY OR CREMATORY Crawford Cemetery

24d. LOCATION (City, town, or county) (State) Everton, Arkansas

DATE REC'D BY LOCAL REG. 1-5-55

REGISTRAR'S SIGNATURE Maynard Humphrey

25. FUNERAL DIRECTOR'S SIGNATURE L.C. Holt-Harrison ADDRESS Arkansas

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

0600

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 L. C. Holt

Licensed Embalmer No. 8146

P. O. Address Hammon, 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.