

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED APR 18 1956

State File No. **12779**
Registrar's No. **56-21**

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5331**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Cedar township	c. LENGTH OF STAY (In this place) 5 yr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Cedar township	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 420. Service Rd., Mo	

3. NAME OF DECEASED (Type or Print) EMMA DAVIS			4. DATE OF DEATH (Month) (Day) (Year) 4-6-56	
a. (First)	b. (Middle)	c. (Last)		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid	8. DATE OF BIRTH 7-3-1870	
9. AGE (In years last birthday) 85	10. UNDER 1 YEAR Months 9 Days 3	11. UNDER 100 Hrs. Hours Mts. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and State or Foreign Country) Dade County, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.				

13a. FATHER'S NAME Daniel C. Drobbaugh	13b. MOTHER'S MAIDEN NAME Mary Emory	14. NAME OF HUSBAND OR WIFE W. L. Davis	
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. no	17. INFORMANT'S SIGNATURE OR NAME Chester Arnold, Jr.	
		ADDRESS Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Tuberculosis	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 10 days
* This does not mean the mode of dying, such as heart failure, asthma, 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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 490x			

19a. DATE OF OPERATION	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 **3-25, 1956**, to **4-6, 1956**, that I last saw the deceased alive on **4-6, 1956**, and that death occurred at **4:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. L. Davis	(Degree or title)	23b. ADDRESS Mo	23c. DATE SIGNED 4-6-56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-8-56	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis, Mo
DATE REC'D BY LOCAL REG. 4-12-56	REGISTRAR'S SIGNATURE J. C. Canada	25. FUNERAL DIRECTOR'S SIGNATURE W. P. Long	
		ADDRESS Mo	

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 _____

Licensed Embalmer No. 3714

P. O. Address Jessie P. ...

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.