

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37404**

FILED NOV 27 1956

BIRTH NO. _____		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 336
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wayne		
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) Piedmont, Mo.		
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 1110		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle) _____		c. (Last) DAVIS
4. DATE OF DEATH NOVEMBER 14, 1956				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH April 7, 1876	9. AGE (In years last birthday) 80 IF UNDER 1 YEAR: Months 7 Days 17 IF UNDER 11 HRS. Hours 1 Min.
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 (State or foreign country) Moniteau, Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Martin Jahn		13b. MOTHER'S MAIDEN NAME Mary Weisser		14. NAME OF HUSBAND OR WIFE R. B. 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. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Francis Alderson, California, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction ANTECEDENT CAUSES DUE TO (b) Strangulation of large incisional hernia containing most of abdominal viscera! DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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) 5613
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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. 13, 1956 , to Nov. 14, 1956 , that I last saw the deceased alive on Nov. 14, 1956 , and that death occurred at 9:45 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE [Signature]		23b. ADDRESS Jefferson City, Missouri		23c. DATE SIGNED 11-16-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial		24b. DATE Nov. 17, 1956		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
24d. LOCATION (City, town, or county) (State) Jamestown, Missouri				
DATE REC'D BY LOCAL REG. 19 Nov. 1956		REGISTRAR'S SIGNATURE R.P. Dorris M.D.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS A. E. Wilson California, Mo.

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

DEC 7

1971

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.

Signed A. E. Wilson

Signed _____
Student Embalmer

Licensed Embalmer No. 2351

P. O. Address Califonia 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.