

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5504**
Registrar's No. **46**

FILED FEB 18 1957

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|--|-------------------------------|--|--|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 209 | | PRIMARY REG. DIST. NO. 3043 | | Registrar's No. 46 | |
| 1. PLACE OF DEATH a. COUNTY Marion | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Marion | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Hannibal) | | c. LENGTH OF STAY (In this place) 8 days | | c. CITY OR TOWN Hannibal | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital | | | | e. STREET ADDRESS (If rural, give location) 320 1/2 N. Main St. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Pauline | | | b. (Middle) Fields | | c. (Last) Davis | | 4. DATE OF DEATH (Month) (Day) (Year) 1 - 3 - 1957 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Unknown | | 9. AGE (In years last birthday) 70 ? | If UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Thompsonville, Ill. | | 12. CITIZEN OF WHAT COUNTRY? US | |
| 13a. FATHER'S NAME Unknown | | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Raymond F. 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. -- | | 17. INFORMANT'S SIGNATURE OR NAME Mr. J. W. Bloodgood | | ADDRESS Monroe City, Mo. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia 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 1 day 1 day | |
| 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) 331x | | | |
| 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 Jan. 2 , 19 57 , to Jan 3 , 19 57 , that I last saw the deceased alive on Jan. 3 , 19 57 , and that death occurred at 3:30P m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Jan Conilla M D (Degree or title) | | | | 23b. ADDRESS Hannibal, Mo | | 23c. DATE SIGNED 2/2/57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-5-1957 | 24c. NAME OF CEMETERY OR CREMATORY Grand View Burial park | | 24d. LOCATION (City, town, or county) (State) Hannibal, Mo. | | |
| DATE REC'D BY LOCAL REG. 2-6-57 | | REGISTRAR'S SIGNATURE Dr. Em Luicke By M. Tucker | | 25. FUNERAL DIRECTOR'S SIGNATURE Loose | | ADDRESS Hannibal, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 14 1957
MARION CO. HEALTH DEPT.
DATE FILED FEB 14 1957

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 4217.....

P. O. Address.....annibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.