

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7836

State File No.

FILED APR 4 - 1957

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 10

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| 1. PLACE OF DEATH a. COUNTY <u>CALDWELL</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALDWELL</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>BRAYMER</u> | | c. LENGTH OF STAY (in this place) <u>50 YRS.</u> | c. CITY OR TOWN <u>BRAYMER</u> <u>01300</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY LIMITS</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS | | (If rural, give location) | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH ELIZABETH</u> b. (Middle) <u>DAVIS</u> c. (Last) <u>DAVIS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3/4/1957</u> |
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| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>10/7/1880</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPER</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>CALDWELL CO., MO.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>EDWARD STEPHENS</u> | 13b. MOTHER'S MAIDEN NAME <u>EDIZA EVANS</u> | 14. NAME OF HUSBAND OR WIFE <u>CLYDE F. DAVIS</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>CLYDE F. DAVIS, BRAYMER, MO.</u> | ADDRESS <u>BRAYMER, MO.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs 10 mos 11 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | <u>334X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Dec. 1949 to March 4, 1957, that I last saw the deceased alive on March 2, 1957, and that death occurred at 4 A. M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>I. S. Goldberg M.D.</u> | 23b. ADDRESS <u>Braymer, Mo.</u> | 23c. DATE SIGNED <u>3/7/57</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>3/6/1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>BRAYMER, MO.</u> |
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|----------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>3-25-1957</u> | REGISTRAR'S SIGNATURE <u>Mr. Ruth Ann Taylor</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geneb. Michael, Braymer, Mo.</u> | ADDRESS <u>Braymer, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

498

226: 2-1 7087

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 Linda Michael

Licensed Embalmer No. 484

P. O. Address Braymer, 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.