

THE DIVISION OF HEALTH OF MISSOURI		58-006330	
STANDARD CERTIFICATE OF DEATH		STATE FILE NUMBER	
FILED MAR 12 1958		181	
Registration District No. _____		Primary Registration District No. 5675	
		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hurricane		c. CITY OR TOWN Elsberry	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) R.F.D.	
3. NAME OF DECEASED (Type or print) First Katie Middle Belle Last Davis		4. DATE OF DEATH Month 2 Day -21 Year -1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept. 4, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years at birthday) 90
11. BIRTHPLACE (City and state or country) Lincoln county, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank H. Watson		13b. MOTHER'S MAIDEN NAME Anna Muth	
14. NAME OF HUSBAND OR WIFE none		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 Ernest Davis Elsberry, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis, Heart Disease			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from March 4, 1958 , to Feb 21, 1958 and last saw her alive on Feb 20, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert M. Hill MD		22b. ADDRESS Elsberry, Mo	22c. DATE SIGNED 2/26/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/23/1958	23c. NAME OF CEMETERY OR CREMATORY Star Hope Cemetery	23d. LOCATION (City, town, or county) Elsberry Lincoln Mo
24. FUNERAL DIRECTOR Clifton Miller - Elsberry, Mo		25. DATE RECD. BY LOCAL REG. 3/11/1958	26. REGISTRAR'S SIGNATURE Mrs. Clarence Kientz

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 *Clifton Mills*

Licensed Embalmer No. *3364*
P. O. Address. *Eldersburg, Md.*

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.