

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030064

STATE FILE NUMBER

FILED AUG 20 1958

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 300

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v. 1-57
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1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FLAT RIVER		c. CITY OR TOWN FLAT RIVER	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) EMERSON	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last EMMA B. DAVIS			4. DATE OF DEATH Month Day Year 8 4 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 29-1872	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min. 9 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MADISON CO, MO		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WILLIAM WHITE		13b. MOTHER'S MAIDEN NAME CORNELIA UNDERWOOD		14. NAME OF HUSBAND OR WIFE EDGAR 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 Address MRS. FRANK JOHNSON, FLAT RIVER		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 5 days Several years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio-sclerosis		
	DUE TO (c) (pr quite senile)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT: SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from **July 24-1958** to **Aug 4-58** and last saw her alive on **Aug 3-58**
Death occurred at **1:00 PM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. W. Zuppan D.O.	22b. ADDRESS Flat River mo	22c. DATE SIGNED 8/6/58
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Aug 7, 1958	23c. NAME OF CEMETERY OR CREMATORY Underwood Cem	23d. LOCATION (City, town, or county) (State) Madison Co, mo.
24. FUNERAL DIRECTOR ADDRESS Raymond Caldwell and Son Flat River, mo.	25. DATE RECD. BY LOCAL REG. Aug 6, 1958	26. REGISTRAR'S SIGNATURE Ether Rudloff	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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[Handwritten scribbles]

[Handwritten scribbles]

STATEMENT BY LICENSED EMBALMER

[Handwritten scribbles]

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 *R. Caldwell*

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72-4-2

Licensed Embalmer No. *2531*
P. O. Address *Flat River, Mo*

72/11/2

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.