

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038773

STATE FILE NUMBER

FILED DEC 4 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 259

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico <i>CO 430</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1004 W. Liberty		Length of stay in lb Years	d. STREET ADDRESS (If outside, give location) 1004 W. Liberty
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Delilah Catherine Davis			4. DATE OF DEATH Month Day Year Nov. 26 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 4, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Marion County, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Antrim	13b. MOTHER'S MAIDEN NAME Sarah Heaton	14. NAME OF HUSBAND OR WIFE Deceased
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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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Virgil Williams Mexico, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myemic coma		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Nephritis	2 years
	DUE TO (c) Generalized Atherosclerosis	5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Myocarditis		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.) none
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20c. TIME OF INJURY Hour a.m. p.m. none
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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.) none	20f. CITY, TOWN, OR LOCATION Mexico	COUNTY Boone	STATE Missouri
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21. I attended the deceased from 4/27/57 to 11/25/58 and last saw her alive on 4/25/58 Death occurred at 2 1/2 m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas G. Davis, M.D.	22b. ADDRESS Mexico, Mo.	22c. DATE SIGNED 11/26/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-28-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Horeb Cemetery	23d. LOCATION (City, town, or county) (State) Boone County, Missouri
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24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.	ADDRESS Mexico, Mo.	25. DATE RECD. BY LOCAL REG. Nov 27-1958	26. REGISTRAR'S SIGNATURE Blanche Neely
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All diseases in Part 18 must be cogently related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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DECEMBER 1 1968

Embalmer

License No.

City

State

Dec 1 1968

Body

Dec 1 1968

Embalmer

City

State

License No.

Embalmer

Embalmer

City

State

License No.

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 *Ray Miller*

Licensed Embalmer No. *4492*

P. O. Address *Memphis, TN*

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. - 1 -

If this body is not embalmed, fact should be so stated above.

Embalmer