

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031156

FILED VS AUG 24 1959

STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 39

INDEXED

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| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sweet Springs</u> | | Length of stay in 1b <u>4 months</u> | c. CITY OR TOWN <u>Sweet Springs</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lange Rest Home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Sweet Springs</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>ALICE</u> Middle <u>JANE</u> Last <u>DAVIS</u> | | | 4. DATE OF DEATH Month <u>August</u> Day <u>18</u> Year <u>1959</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-25-76</u> | 9. AGE (last birthday) <u>83</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>18</u> Hours <u>0</u> Min. <u>0</u> |
| 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>At Home</u> | 11. BIRTHPLACE (City and state or country) <u>Pettis County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>John Calvin Dillon</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lucy Abel Dillon</u> | | 14. NAME OF HUSBAND OR WIFE <u>John W. 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 <u>J. C. Dillon, Sweet Springs, Mo.</u> Address |
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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) <u>Uremic pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> |
| DUE TO (b) <u>Uremia</u> | | |
| DUE TO (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Staphylococcus, Left Kidney</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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.) |
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| 20c. TIME OF INJURY Hour <u>6:30</u> a.m. <u>0</u> p.m. | Month, Day, Year <u>Mar 1959</u> to <u>Aug 1959</u> and last saw her <u>Aug 18, 1959</u> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Sweet Springs, Mo.</u> COUNTY <u>Saline</u> STATE <u>Mo.</u> |

21. I attended the deceased from Mar 1959 to Aug 1959 and last saw her Aug 18, 1959 at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Paul Roberts, M.D.</u> | 22b. ADDRESS <u>Sweet Springs, Mo.</u> | 22c. DATE SIGNED <u>8-18-59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8-20-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Sweet Springs, Mo.</u> (State) |
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| 24. FUNERAL DIRECTOR <u>L. F. Parker, Sweet Springs, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Aug. 19, 1959</u> | 26. REGISTRAR'S SIGNATURE <u>Mary Moseley</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Sp

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.