

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032125

FILED VS SEP 28 1959

INDEXED

Registration District No. 137 Primary Registration District No. Registrar's No. 238

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u>		c. CITY OR TOWN <u>Windsor</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>504 W. Benton St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNA B DAVIS</u>		4. DATE OF DEATH Month Day Year <u>Sept. 19, 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 3, 1874</u>
9. AGE (last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>	
11. BIRTHPLACE (City and state or country) <u>Benton County Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Pearson Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Isabella Coon</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		15. SOCIAL SECURITY NO. <u>486-01-8775</u>	
16. INFORMANT <u>Michael Lockhard</u>		17. ADDRESS <u>Windsor Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> DUE TO (b) <u>Fracture of L. Femur.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>6-8 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive Heart Disease</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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>4-16-59</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>Windsor Mo.</u>	
21. I attended the deceased from <u>4-16-59</u> to <u>4-19-59</u> and last saw her alive on <u>4-19-59</u> Death occurred at <u>5:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (In full or title) <u>Charles M. Shurber M.D.</u>	
22b. ADDRESS <u>Windsor Mo.</u>		22c. DATE SIGNED <u>4-23-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 20, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery Lincoln Mo.</u>		23d. LOCATION (City, town, or county) <u>Lincoln Mo.</u>	
24. FUNERAL DIRECTOR <u>Ellis M. Huston</u>		25. DATE RECD. BY LOCAL REG. <u>9-24-59</u>	
26. REGISTRAR'S SIGNATURE <u>Michael Bigum</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 Ellis M. Hurston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.