

FILED MAR 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11338

State File No.

1128

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4544 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nianqua</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nianqua</u> <u>112</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>x</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>x</u>		e. STREET ADDRESS (If rural, give location) <u>x</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>- - -</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.-20-'49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 11-1874</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</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>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>M. H. Mease</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Phillips</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Davis</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>x</u>		16. SOCIAL SECURITY NO. <u>x</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Davis - Nianqua, Missouri</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEMORRHAGE, CEREBRAL, SEVERE.</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 HRS.</u> ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSION, MALIGNANT, SEVERE.</u> <u>10 YRS.</u> DUE TO (c) <u>GLOMERULONEPHRITIS, CHRONIC.</u> <u>10 YRS.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5/10/49</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>FEB. 20</u> , 19 <u>49</u> , to <u>FEB. 20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>FEB. 20</u> , 19 <u>49</u> , and that death occurred at <u>12:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>S. Schlicht, M.D.</u>		23b. ADDRESS <u>NIANGUA, MO.</u>	
23c. DATE SIGNED <u>FEB 24-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-22-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Nianqua</u>		24d. LOCATION (City, town, or county) (State) <u>Nianqua, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2/18/49</u>		REGISTRAR'S SIGNATURE <u>J. Franco</u> <u>392</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Tex Ainsley</u>		ADDRESS <u>Marshfield, Mo.</u>	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 6,
District File Number 349-304
Date Filed 3-17-49

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
Student Embalmer

Signed Ray Rainey

Licensed Embalmer No. 31312

P. O. Address Marshfield, Me.

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