

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24010**

57
20

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>4293</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY OR TOWN <u>Elsberry</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Elsberry</u>		57	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence</u>				d. STREET ADDRESS (If rural, give location) <u>roadway Extension</u>			
3. NAME OF DECEASED a. (First) <u>Alma</u>			b. (Middle) <u>Childs</u>		c. (Last) <u>Davis</u>		4. DATE OF DEATH <u>July 19, 1949</u> (Month) (Day) (Year)
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 26, 1869</u>	9. AGE (In years last birthday) <u>80</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		11. BIRTHPLACE (State or foreign country) <u>Elsberry, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>C. C. Childs</u>		13b. MOTHER'S MAIDEN NAME <u>Imogene Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Davis (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nell Diggs, - Elsberry, Mo.</u> ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis</u>					4927
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Elsberry Lincoln Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Jan 1, 1940</u> , to <u>July 19, 1949</u> , that I last saw the deceased alive on <u>July 19, 1949</u> , and that death occurred at <u>11:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. H. Callaway D.O.</u>				23b. ADDRESS <u>Elsberry Mo.</u>		23c. DATE SIGNED <u>7-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Star Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Elsberry, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7/22/49</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. A. Sawyer</u>		FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Elsberry, Mo.</u>	

District File Number _____
District Health Officer No. 9,
RECEIVED
AUG 4 1949

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 _____

working under my personal supervision.
Student Embalmer No. _____

Student _____
Student Embalmer

Signed *O. J. Paulson*

Licensed Embalmer No. 4012

P. O. Address Elsherry, 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 this body is not embalmed, fact should be so stated above.