

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24092

State File No. \_\_\_\_\_

No. 300  
10.48

FILED JUL 25 1949

Registrar's No. 237

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 237		
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>SHELBY</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (If in this place) <u>3 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>EMDEM</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>EMDEM MISSOURI</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ZETTIE</u> b. (Middle) <u>TONIA</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1949</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>September 21-1878</u>		
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR <u>7 11</u> Months Days		IF UNDER 2 HRS. <u>7 11</u> Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Marion County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ROBERT TRIPPE</u>			13b. MOTHER'S MAIDEN NAME <u>Tempie Ann Gupron</u>			14. NAME OF HUSBAND OR WIFE <u>HERSHEL BLUCHER DAVIS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Zettie Davis</u> ADDRESS <u>Monroe City Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) <u>Inquest Pending</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>#</u>					INTERVAL BETWEEN ONSET AND DEATH  <u>68 1/2</u>  <u>26</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Reddish white patches on abdomen</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2 1/2 miles north of Hannibal, Mo. Hwy 61</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 7 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident. 66</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased live on _____, 19____, and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Zettie Davis</u> (Degree or title)				23b. ADDRESS <u>902 Broadway Hannibal Missouri</u>		23c. DATE SIGNED <u>7/14/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 10-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EBENEZER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SHELBY County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-14-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>By W.C. Fisher Deputy</u>		ADDRESS <u>WILSON &amp; SONS Monroe City Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 21 1955

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Leslie P. Nelson*

Licensed Embalmer No. 3014

P. O. Address Memphis City, 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.

# VERDICT OF JURY

24092-  
49

(R. S. 1929, Sec. 11622.)

STATE OF MISSOURI,

County of Marion

} ss.

WE, THE JURY, having been duly sworn and affirmed

W. Crawford Smith, Coroner

Marion

County, Missouri, diligently to inquire and due presentment make,

(Zettie)

what manner and by whom Zetta Davis

whose dead body was found at Levering Hospital, Hannibal

Missouri

On the 7 day of July A. D. 1949, came to her death, after

having heard the evidence, and upon full inquiry concerning the facts, and a careful examination of said body, do find that

deceased came to her death by receiving injuries caused by an accident in which

(Zettie)

Ms. Zetta Davis was a passenger in an automobile, driven by Mr. Harry P. Craig.

*W. Crawford Smith*  
*Coroner*

Certified Copy

