

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36133

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>39</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>293</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>47 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		<u>0104</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>108 So 10th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Iva</u>		b. (Middle)		c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 16 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 24, 1894</u>		9. AGE (In years last birthday) <u>52</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Reg NURSE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Practical Nurse</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Ray C. Davis</u>		13b. MOTHER'S MARRIAGE NAME <u>Mary C. Davis</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>"</u>		16. SOCIAL SECURITY NO. <u>P</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Frank Akshreider</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u> <u>4201</u>	
19a. DATE OF OPERATION		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) (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>8-31</u> , 19 <u>50</u> , to <u>11-16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-16</u> , 19 <u>50</u> , and that death occurred at <u>7:52 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Roland P. Ladsony MD</u>				23b. ADDRESS <u>160. 10th Columbia Mo</u>		23c. DATE SIGNED <u>11-16-50</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Nov. 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dixon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dixon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 18 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		DIRECTOR'S SIGNATURE <u>Mr. Birmingham</u>		ADDRESS <u>Vienna Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 22 1950

RECEIVED 11-20-56

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-20-57

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

W.C. Birmingham

Licensed Embalmer No. 3664

P. O. Address *Chicago 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.