

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36547

FILED DEC 8-1951

REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 336

0143

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

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>	
c. LENGTH OF STAY (in this place) <u>7 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>210 St. Louis Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>210 ST. LOUIS AVE.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u> b. (Middle) <u>HARRIS</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 26, 1951</u>		
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>Dec 12, 1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Peter M. Cray</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cray</u>		14. NAME OF HUSBAND OR WIFE <u>Elmo Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edilee Harris, Fulton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Block</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u>		<u>3 yrs.</u>	
		DUE TO (c) <u>Myocardial degeneration</u>		<u>5 yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		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)		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 1945, to 11-26, 1951, that I last saw the deceased alive on 11-2, 1951, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Brown M.D.</u>		23b. ADDRESS <u>Fulton</u>		23c. DATE SIGNED <u>11-27-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/28/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Millersburg</u>		24d. LOCATION (City, town, or county) (State) <u>Millersburg, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec-1-1951</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mary Ann Funeral Home, Fulton, Mo.</u>		ADDRESS	
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File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 3 1951

RECEIVED

DEC 2 1951

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 _____

Licensed Embalmer No. 2555

P. O. Address Fulton 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.