

FILED MAR 3 1952

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7076**

BIRTH NO. _____ REG. DIST. NO. **359** PRIMARY REG. DIST. NO. **6222** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada Moundville		c. CITY (If outside corporate limits, write RURAL and give township) Moundville	
c. LENGTH OF STAY (in this place) 50 years		d. STREET ADDRESS (If rural, give location) 1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Nora		b. (Middle) Etta		c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) February 22 1952	
5. SEX Fm		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH November 1 1875	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months		IF UNDER 2 HRS Days		IF UNDER 2 HRS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joshua Whiteside		13b. MOTHER'S MAIDEN NAME Fannie Taylor		14. NAME OF HUSBAND OR WIFE Stewart Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Blanche Martin Moundville	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cholelithiasis unclassified		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Left hemiplegia		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb. 19, 1952**, to **Feb. 21, 1952**, that I last saw the deceased alive on **Feb. 21, 1952**, and that death occurred at **7:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Kolla B. Wray, M.D.		(Degree or title)		23b. ADDRESS Moore Building, Nevada, Mo.		23c. DATE SIGNED 2/23/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 24 1952		24c. NAME OF CEMETERY OR CREMATORY Stevens Cemetery		24d. LOCATION (City, town, or county) (State) Vernon County Missouri	
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DATE REC'D BY LOCAL REG. Feb 28 1952		REGISTRAR'S SIGNATURE Wm Ruth Heath		25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home, Nevada, Mo		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

10/10

2/23/52

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2023 5 16

STATEMENT BY LICENSED EMBALMER

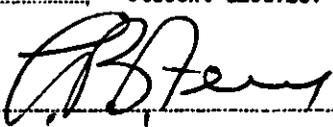
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 1760

P. O. Address Durack ms

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.