

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9364**

FILED APR 15 1952

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 117	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) township) 45 Min.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bothwell Memorial Hosp.				d. STREET ADDRESS (If rural, give location) 1105 E. 11th St			
3. NAME OF DECEASED (Type or Print) a. (First) Lillie		b. (Middle) Blanche		c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) Apr 8, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH July 19, 1891	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 8 Days 19		IF UNDER 2 HRS. Hours 19 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Clarksburg, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Lee Pearce		13b. MOTHER'S MAIDEN NAME Katie M. Pearce		14. NAME OF HUSBAND OR WIFE Oliver 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 ADDRESS Mrs. Cecil Rogers, R1 Sedalia, Mo			
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) Salvador Beach Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Edema				INTERVAL BETWEEN ONSET AND DEATH 1 yr. 2 yrs. 3 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. 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) (Minute) (Second) m.		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 4-30 , 19 51 , to 4-8 , 19 52 , that I last saw the deceased alive on 4-8 , 19 52 and that death occurred at 11:20 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Thomas B. King M.D. (Degree or title)				23b. ADDRESS Sedalia, Mo		23c. DATE SIGNED 4-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 10, 52		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. 4/10/52		REGISTRAR'S SIGNATURE Thomas B. King M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas B. King M.D. Sedalia, Mo.			

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

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1952

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 *J. E. Baker* _____

Licensed Embalmer No. *2419* _____

P. O. Address *Sedalia 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.