

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23855

State File No.

BIRTH NO. REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5783 Registrar's No. 40

0160
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Byrd</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Byrd 0160</u>	
c. LENGTH OF STAY (In this place) <u>77 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles West Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles West Jackson</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Claudia</u> b. (Middle) <u>Cyiddle</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1952</u>		
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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>Jan. 18, 1875</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		11. IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeping</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT Home</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Bojin Cyiddle</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Dougherty Greer</u>			14. NAME OF HUSBAND OR WIFE <u>R. Davis</u>		
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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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hester Kelly</u>		ADDRESS <u>Jackson, Mo.</u>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral arteriosclerosis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>- 332X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from June 2, 1952, to July 3, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at 9:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Jager, M.D.</u> (Degree or title)		23b. ADDRESS <u>Jackson, Mo.</u>		23c. DATE SIGNED <u>7-5-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>July 7-52</u>		REGISTRAR'S SIGNATURE <u>H. E. Seibert</u> <u>43</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. C. Crawford</u>		ADDRESS <u>Jackson, Mo.</u>	
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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 *Gene C. Croug*.....

Licensed Embalmer No. 43127.....

P. O. Address Jackson, 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.