

STANDARD CERTIFICATE OF DEATH

FILED JUL 21 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains	
c. LENGTH OF STAY (in this place) 30 yrs		0461	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence		d. STREET ADDRESS (If rural, give location) 814 Grace Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) ALLIE b. (Middle) IDA c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) June 24, 1952		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 29, 1867		9. AGE (In years last birthday) 85		10. UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Redboiling Springs, Tenn.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Walter Bean		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Ernest E. 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 Ernest E. Davis, West Plains, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amphrophic lateral sclerosis		Antecedent Causes Arteritis, Chronic Hypertrophic			Years
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Insufficiency			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3561		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 16 Oct, 1946, to 24 June, 1952, that I last saw the deceased alive on 17 June, 1952, and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Beatrice Cook		23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED 10 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jun. 26, 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	
24d. LOCATION (City, town, or county) (State) West Plains, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hal Shamburger, West Plains, Mo.			
DATE REC'D BY LOCAL REG. 7-14-52		REGISTRAR'S SIGNATURE Beatrice Cook		379	

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

461

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, ~~and by~~

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Hal Thompson

Licensed Embalmer No. *3408*

P. O. Address *W. Plains, 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.