

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31977

State File No.

FILED OCT 3 1952

BIRTH NO.		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5368</u>		Registrar's No. <u>361</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> (<u>Blue Twp.</u>)				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2 Mi. NE of Atherton</u>			c. LENGTH OF STAY (in this place) <u>3 wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolivar</u>			<u>0841</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Son's home</u>				d. STREET ADDRESS (If rural, give location) <u>525 East Maupin Street</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Marie</u>	b. (Middle) <u>Agnes (Smith)</u>	c. (Last) <u>Davis</u>	4. DATE OF DEATH (Month) (Day) (Year)		<u>Sept. 14. 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>	8. DATE OF BIRTH <u>Oct. 6. 1884</u>		9. AGE (In years last birthday) <u>67</u>	Months <u>11</u>	Days <u>8</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>her own home</u>		11. BIRTHPLACE (State or foreign country) <u>Orrick, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Samuel D. Woods</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Ann Roland</u>		14. NAME OF HUSBAND OR WIFE <u>W.H. Davis.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James F. Smith 1013 Spruce KC Mo.</u>					
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) <u>Hypostatic Pneumonia</u>						<u>30d.</u>	
		ANTECEDENT CAUSES							
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <u>myocardial degeneration</u>							
		DUE TO (c) <u>Hypertension</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>443X</u>						20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) (Min)		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 <u>Aug. 30 1952</u> , to <u>Sept 14 1952</u> , that I last saw the deceased alive on <u>Sept. 13, 1952</u> , and that death occurred at <u>3/30 AM</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. W. Higgins Pro. A.</u>				23b. ADDRESS <u>Buckner Missouri</u>		23c. DATE SIGNED <u>Sept. 15. 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 16. 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Buckner Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Sept. 15, 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>354</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Buckner, Mo.</u>			

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

480

