

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 43

0100

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

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stephens		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Stephens		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 - Columbia Tp.			e. STREET ADDRESS (If rural, give location) Route 1 - Columbia Tp. 0100		
3. NAME OF DECEASED (Type or Print) GERTRUDE		a. (First)	b. (Middle)	c. (Last) DAVIS	4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25, 1905	9. AGE (In years last birthday) 48	10. IF UNDER 1 YEAR Months 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Yates, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME R. Hampton Green		13b. MOTHER'S MAIDEN NAME Bertha N. Ridgeway		14. NAME OF HUSBAND OR WIFE Henry A. 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. -----	17. INFORMANT'S SIGNATURE OR NAME Henry A. Davis, Route 1, Stephens, 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) Carcinoma of Cervix of Uterus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 1 yr.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 171X				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) 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 6-3-1950 , to 2-6-1954 , that I last saw the deceased alive on 2-5-1954 , and that death occurred at 3:00A m., from the causes and on the date stated above.					
23a. SIGNATURE Roland Palmer MD		23b. ADDRESS Columbia, Mo		23c. DATE SIGNED 2-8-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 7, 1954	24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery	24d. LOCATION (City, town, or county) (State) Boone County, Missouri.		
DATE REC'D BY LOCAL REG. Feb 8 1954	REGISTRAR'S SIGNATURE Mrs R E Palmer 31-0		25. FUNERAL DIRECTOR'S SIGNATURE Parrier Funeral Service, Columbia Mo		

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.....
Signature of Student Embalmer

Signed..... *Tom M. Lery*

Licensed Embalmer No..... *406*

P. O. Address *Channahon, Ill.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.