

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2047

FILED JAN 21 1954
BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palmyra	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) 606 Suter St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Bismark c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) Jan. 3 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 21 March 1872
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Marion County, Missouri
			12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Davis		13b. MOTHER'S MAIDEN NAME Jane Ragar	14. NAME OF HUSBAND OR WIFE Elizabeth Grunwalt
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. Grace Bigelow, Palmyra, 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) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH. 1 hour ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic heart disease Several years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 4200 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)	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 Dec 20, 1953 , to Jan 3, 1954 , that I last saw the deceased alive on Jan 2, 1954 , and that death occurred at 8:30 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. H. Hill M.D.		23b. ADDRESS Palmyra Mo	23c. DATE SIGNED 1/12/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5 Jan. 1954	24c. NAME OF CEMETERY OR CREMATORY Emden Cemetery	24d. LOCATION (City, town, or county) (State) Emden, Missouri
DATE REC'D BY LOCAL REG. 1-14-54	REGISTRAR'S SIGNATURE Dr. K. M. Lucke by W. T. Fisher	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lewis Brothers - Palmyra, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 18 1954

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED JAN 18 1954

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 George M. Lewis

Licensed Embalmer No. 4857

P. O. Address Salmyra, 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.