

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3899**

BIRTH NO. **FEB 17 1954** REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) 815 Fifth Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 815 Fifth Street		e. FULL NAME OF HOSPITAL OR INSTITUTION 815 Fifth Street	

3. NAME OF DECEASED (Type or Print) a. (First) Gertie b. (Middle) May c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) 2-8-54		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 3-28-1885		9. AGE (In years last birthday) 68		10. MONTH (Day) (Year) 10 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Barry County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Abe Ash		13b. MOTHER'S MAIDEN NAME Elizabeth Becknell		14. NAME OF HUSBAND OR WIFE B. M. 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 B. M. Davis ADDRESS Monett, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral Hemorrhage ANTECEDENT CAUSES Hypertensive Cardio-Vascular Disease Myocardial Infarction DUE TO (a) Myocardial Infarction DUE TO (c) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 45 hrs 15 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 **July 1946** to **2-8, 1954**, that I last saw the deceased alive on **2-8, 1954** and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert R. Walker M.D.		23b. ADDRESS Monett, Mo.		23c. DATE SIGNED 2-9-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-10-54		24c. NAME OF CEMETERY OR CREMATORY I.O.F. Cemetery	
24d. LOCATION (City, town, or county) (State) Monett, Mo.					

DATE REC'D BY LOCAL REG. 2-10-54		REGISTRAR'S SIGNATURE Katherine Henderson 487-0		25. FUNERAL DIRECTOR'S SIGNATURE Mercer Funeral Home ADDRESS Monett, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Roy H. Mercer

Licensed Embalmer No. *4432*

P. O. Address *Manitowish, 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.