FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11211

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Boone.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia-Mo
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hulen-Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MO
b. COUNTY: Boone.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia-Mo.
d. STREET ADDRESS (If rural, give location): 0100

3. NAME OF DECEASED (Type or Print): a. (First) Bessie- b. (Middle) Clara- c. (Last) Davis.

4. DATE OF DEATH (Month) (Day) (Year): May-1-1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March-5-188[illegible]
9. AGE (In years last birthday): 73 — If under 1 year: Months 7, Days 26, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Monroe Co, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Robert-Fabrin
13b. MOTHER'S MAIDEN NAME: Jane-Wilson
14. NAME OF HUSBAND OR WIFE: Wm Davis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ewell-Heizer. ADDRESS: Perry-Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Heart failure — 1 wk.

DUE TO (c) Arteriosclerosis — sev. years

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: 4500
20. AUTOPSY? YES ☐ 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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1-54, 19___, *to* 5-1-54, 19___, *that I last saw the deceased alive on* 5-1-54, 19___, *and that death occurred at* 7:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H Sutherland (Degree or title) MD.
23b. ADDRESS: Centralia-Mo.
23c. DATE SIGNED: 5/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/3/1954
24c. NAME OF CEMETERY OR CREMATORY: Santa-Fe, Mo.
24d. LOCATION (City, town, or county) (State): Santa-Fe, Mo.

DATE REC'D BY LOCAL REG.: May 1-1954
REGISTRAR'S SIGNATURE: Maud McBride
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde C. Wilkey ADDRESS: Perry Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry Iowa

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.