

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11496**

0210

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

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville</u>	
c. LENGTH OF STAY (in this place) <u>44 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Keytesville, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home So Keytesville, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LIZZIE</u> b. (Middle) <u>✓</u> c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 7 - 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>4/8/1886</u>
9. AGE (In years last birthday) <u>67</u>	10. MONTHS <u>11</u>	11. DAYS <u>29</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Guthrie</u>		13b. MOTHER'S MAIDEN NAME <u>Winnie Akers</u>	
14. NAME OF HUSBAND OR WIFE <u>Wayne Davis Keytesville Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>JALMAGE BUCHANAN</u>		ADDRESS <u>Keytesville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinson disease</u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 years ±</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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>350 X</u>	
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)	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>June, 1946</u> , to <u>April 7, 1954</u> , that I last saw the deceased alive on <u>April, 1954</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl C. Hegon M.D.</u>		23b. ADDRESS <u>Keytesville, Mo</u>	
23c. DATE SIGNED <u>4/12/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/10/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT Pleasant</u>	24d. LOCATION (City, town, or county) (State) <u>12 S. Marceline MO</u>
DATE REC'D BY LOCAL REG. <u>4/13-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James M. Laughlin Marceline Mo</u>	

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____
Signed George B. Trammell
Licensed Embalmer No. 4425
P. O. Address Marsfield 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.