

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23436

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 62

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| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u> | c. LENGTH OF STAY (in this place) _____ | c. CITY OR TOWN <u>Newport</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | e. STREET ADDRESS (If rural, give location) <u>8030 S</u> | |

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|---|---|--|---|--|--------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Gladys</u> b. (Middle) <u>Marie</u> c. (Last) <u>Davis</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 - 1954</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec 25 - 1926</u> | 9. AGE (In years last birthday) <u>27</u> | w/ MOOR 1 YEAR Months <u>6</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Morristown Ark</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>John D. Johnson</u> | 13b. MOTHER'S MAIDEN NAME <u>Octovine Marshall</u> | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No. Unknown</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ethel Davis</u> ADDRESS <u>Newport Ark.</u> |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull (Basal)</u> ANTECEDENT CAUSES DUE TO (b) <u>Automobile Accident</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH |
|--|--|--|----------------------------------|

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|---|--|---|
| 21a. ACCIDENT (Specify) <u>Accident by car</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Festus Jefferson MO.</u> |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>7-14-54 11:10 AM</u> | 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 Festus August, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE (Degree or title) <u>T.B. Edwards - M.D. Coroner</u> | 23b. ADDRESS <u>Bedier Hill - Mo</u> | 23c. DATE SIGNED <u>7/15/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>7-17-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City</u> | 24d. LOCATION (City, town, or county) (State) <u>Newport Ark</u> |
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| DATE REC'D BY LOCAL REG. <u>7-15-54</u> | REGISTRAR'S SIGNATURE <u>Jesse C. Gignea</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ott D. Ehlinger</u> ADDRESS <u>Newport Ark</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

AUG 31 1954

DATE RECEIVED

AUG 11

JUL 23 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
Signature of Student Embalmer

Signed *H. W. Myer*

Licensed Embalmer No. 3010

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