

THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26256**

FILED SEP 13 1954

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **246**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. CITY (If outside corporate limits, write RURAL and give township) Rural Cedar	
c. LENGTH OF STAY (in this place) 8dys		d. STREET ADDRESS (If rural, give location) Ashland, R.F.D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Nancy		b. (Middle) Elizabeth	
c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) Sept. 5 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 1 1896
9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 2 Days 4	IF UNDER 24 HRS. Hours 4 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J. F. Nichols		13b. MOTHER'S MAIDEN NAME Nannie Sappington	
14. NAME OF HUSBAND OR WIFE Joel 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. No.	
17. INFORMANT'S SIGNATURE OR NAME Joel Davis Ashland, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5dys	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease.			
DUE TO (c)			
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 443X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Sept 1, 1954 , to Sept 5, 1954 , that I last saw the deceased alive on Sept 5, 1954 and that death occurred at 9:00 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE R.P. Sadevorn M.D.		23b. ADDRESS Columbia, Mo	
23c. DATE SIGNED 9-7-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 7 1954	
24c. NAME OF CEMETERY OR CREMATORY New Salem Cent.		24d. LOCATION (City, town, or county) (State) Ashland, Missouri	
DATE REC'D BY LOCAL REG. Sept 7 1954		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 31-0	
25. FUNERARY DIRECTOR'S SIGNATURE W.C. Burnett Ashland Mo		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 *W^m C. Burnett*

Licensed Embalmer No. *3564*

P. O. Address *Ashland,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.