

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 29 1954

State File No. 29972
Registrar's No. 50

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545

1. PLACE OF DEATH a. COUNTY WEBSTER		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 MARSHFIELD		c. CITY OR TOWN WASHBURN	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 11 wks		e. STREET ADDRESS (If rural, give location) 2050	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) HENRIETTA	b. (Middle)	c. (Last) DAVIS	4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 28, 1867	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) BARRY Co, MISSOURY	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME JOSEPH RODGERS	13b. MOTHER'S MAIDEN NAME CYNTHIA ANN FERGUSON	14. NAME OF HUSBAND OR WIFE DECEASED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or up/down) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME MRS FRANK STOCKTON	ADDRESS MARSHFIELD, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - DUE TO (c) Senility (subject)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis		2 yrs. 10 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 12, 1954**, to **Nov. 9, 1954**, that I last saw the deceased alive on **Nov. 28, 1954**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. M. Macdonnell, MD.	23b. ADDRESS marshfield, Mo.	23c. DATE SIGNED 11/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-9-54	24c. NAME OF CEMETERY OR CREMATORY WASHBURN PRARIE CEMETERY	24d. LOCATION (City, town, or county) (State) WASHBURN, Mo.
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DATE REC'D BY LOCAL REG. 11-28-54	REGISTRAR'S SIGNATURE J. Francis	25. FUNERAL DIRECTOR'S SIGNATURE R.W. Barber	ADDRESS Funerals, Marshfield
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 10 1952

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 *Lillian J. Swadley*.....

Licensed Embalmer No. *4815*.....

P. O. Address *Washfield*.....

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.