

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11230

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Cape Girardeau	
d. CITY OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 831 Williams Street		No. STREET ADDRESS 831 Williams Street		0168	

3. NAME OF DECEASED (Type or Print) MAUD			a. (First)	b. (Middle)	c. (Last) DAVIS	4. DATE OF DEATH April 11, 1955		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 14, 1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 1 Days 27	IF UNDER 1 HRS. Hours 1 Mins.
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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 Own Home		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
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13a. FATHER'S NAME Oliver Abernathy		13b. MOTHER'S MAIDEN NAME Tennie Hughes		14. NAME OF HUSBAND OR WIFE R. G. Davis			
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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 R. G. Davis				ADDRESS Cape Girardeau, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 15 min.	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				4-5 yrs.	
		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 4201				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)				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 Feb. 26, 1955, to April 11, 1955, that I last saw the deceased alive on April 8, 1955, and that death occurred at 9:23 m., from the causes and on the date stated above.

23. SIGNATURE William J. Oehler		(Degree or title) M.D.		23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 4-13-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 13, 1955		24c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri	
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DATE REC'D BY LOCAL REG. 4-13-55		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Walter's Funeral Home		ADDRESS Cape Girardeau, Mo.	
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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.....
Signature of Student Embalmer

Signed *William Lee Townes*

Licensed Embalmer No. *441*

P. O. Address *Cape Girardeau*

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.