

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25169

State File No.

FILED SEP 14 1955

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3000 Registrar's No. 255

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>ADAIR</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>IRKSVILLE</u> | | c. LENGTH OF STAY (in this place) <u>1 yr, 120 days</u> | c. CITY OR TOWN <u>BRASHEAR</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMUNITY NURSING HOME</u> | | e. STREET ADDRESS (If rural, give location) <u>NONE</u> | |
| 3. NAME OF DECEASED a. (First) <u>ANNA</u> | | b. (Middle) <u>MINERVA</u> | c. (Last) <u>DAVIS</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 28. 1955</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>SEPT. 22 1881</u> |
| 9. AGE (In years last birthday) <u>73</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>LOCUST HILL MISSOURI</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>THOMAS A. CALEF</u> | | 13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE ROLEY</u> | 14. NAME OF HUSBAND OR WIFE <u>SAMUEL B. DAVIS</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HERWARD DAVIS BRASHEAR MO</u> | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>medullary Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sub arachnoid hemorrhage</u> DUE TO (c) <u>Arteriosclerotic Hypertension</u> 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 | 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) <u>330 X</u> | |
| 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>May 26</u> , 19 <u>55</u> , to <u>Aug 27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 27</u> , 19 <u>55</u> , and that death occurred at <u>12:10 P.m.</u> , from the causes and on the date stated above. | | | |
| 23. SIGNATURE (Degree or title) <u>Dr. J. J. ...</u> | | 23b. ADDRESS <u>800 N. Jefferson Kirksville</u> | 23c. DATE SIGNED <u>8/28/55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>AUG. 30, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>BRASHEAR</u> | 24d. LOCATION (City, town, or county) (State) <u>BRASHEAR MO</u> |
| DATE REC'D BY LOCAL REG. <u>9-8-55</u> | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | 25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo B Casper Hurdlow 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Geo R. Casey Jr*.....

Licensed Embalmer No. *375*.....

P. O. Address *Hurdland*.....

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.